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## ESSAYS, MONOGRAPHS, AND CASES.

*The Yellow Fever at Port au Prince.* By G. Van Arcken, M.D.

Yellow Fever is a disease whose occurrence is limited to certain districts and to certain times of the year; a long-continued temperature of from 75° to 90° F. favors its appearance and increases its ravages. In cold and temperate climates it appears generally towards the end of summer, and is suddenly cut short upon the setting in of cold. In the tropics its usual time is at the commencement of the dry season. It is hardly ever met with north of 42°, either because the heat of the summer is not intense enough, and does not continue a sufficient length of time, or because there are other concomitant causes necessary for its production that are not present.

Yellow Fever presents itself by preference in large cities and ports, and at all places where a large number of human beings are congregated into a small space. It occurs periodically at most places; still, there are some where its ravages never cease, and are only influenced by the presence or absence of the human material.

The worst of these latter places is no doubt Port au Prince, in Hayti, which has of late acquired the not very enviable reputation of the "*grave-yard of the whites;*" and it is to the Yellow Fever at that place that these remarks in particular apply.

The different epidemics of yellow fever, such as we have them upon the strength of the testimony of medical witnesses, appear to have been marked by individual symptoms of a very different character. The effluvia and miasmata generated amongst the houses of a large mass of people, together with the heat of a tropical climate, may have given them either a bilious or a typhoid character, and a scorbutic tendency may also have considerably modified their character and severity.

Owing to the different constitutions, the method of living, and the peculiar susceptibility of some persons, yellow fever may assume all grades of violence, from a slight indisposition to the most fatal form. An attack of yellow fever is sometimes preceded by the usual febrile symptoms, but more frequently it comes on without any warning whatever.

There is generally some chilliness at the beginning, and the duration and violence of this is often a sure indication of the character of the disease, and of the remedies that must be employed; the case being a slight one and easily managed if the chilliness has amounted to a rigor. In some cases there is no chilliness at all, and these should, however slight they appear, always be viewed with suspicion. Among the most constant symptoms are, a deep-seated and severe pain in the supra-orbital region, and a weakness in the back and limbs, amounting sometimes to a sort of spasmodic pain.

When febrile action has fairly set in, the skin is found to be hot and dry, the respiration hurried, the face flushed, and the eyes red and watery. The tongue is mostly covered with a thick white fur, and the throat occasionally sore.

In the majority of slight cases there is more or less vomiting from the beginning, the ejected matter being of a decidedly bilious character, although the later vomitings sometimes have the appearance of boiled barley water. But in fatal cases the gastric symptoms are not fully developed until about forty-eight hours afterwards, when frequently the black vomit all of a sudden makes its appearance.

Patients complain sometimes, from the beginning, about a feeling of weight and oppression in the epigastrium. When examined, that region is found to be very sensitive upon the slightest pressure. In a generality of these cases, the stomach rejects everything that is swallowed. At this time the bowels are mostly very costive, and when at last discharges are obtained, they are of an unhealthy character, and very offensive. The mind of the patient is usually very much disturbed; he is apprehensive and restless, and his countenance is strongly marked with these feelings. Delirium is not an uncommon symptom;

it amounts sometimes to maniacal violence, but it soon gives way to a deep coma.

These symptoms, indicative of the first stage, continue mostly from two to four days, and then a great apparent amelioration is experienced. The pulse becomes nearly natural, the respiration calm, and the pains in the head, back, and limbs disappear almost entirely. At this stage of the disease, it is not uncommon to find the patient sitting up in bed, and perfectly confident of recovery; but, unfortunately, this is only a temporary calm; the fever still continues internally with unabated violence, and the partial subsidence of its outward symptoms only shows the inability of the system to struggle any longer against its powerful enemy.

To distinguish this stage from a genuine convalescence, it is only necessary to make slight pressure over the epigastrium, when great tenderness will be discovered, and very often a hard lump, of the size of a goose egg, may be felt there, distinctly pulsating, although these pulsations cannot be attributed to pressure of the stomach upon the abdominal aorta, the pulsations not being synchronous with the contractions of the heart. The redness of the eye has now changed to a yellow or orange color. A pale violet or bluish color sometimes shows itself on the forehead and cheeks, extending in some cases over the whole body. It is owing to a stagnation of the blood in the capillaries. The pulse is lower than in health; it falls to fifty pulsations per minute, and sometimes less. These symptoms continue for about twenty-four hours; but in fatal cases they make place in a few hours for a quite different class of phenomena, to wit: extreme debility and prostration.

The pulse now becomes frequent and irregular, forming distinctly marked intermissions. The tongue is dry and brown, and its edges red; and on the teeth and gums appears a deposit peculiar to typhoid diseases—I mean the formation of sordes.

The stomach is now exceedingly tender; everything swallowed is thrown up again, and with it a matter consisting of black flakes and particles, floating in a colorless or slightly yellow liquid, which ultimately becomes opaque and black.

The heart and large vessels, especially the carotids, are beating violently, the already mentioned epigastric pulsation increases, and still at the wrist the pulse is almost imperceptible.

The urine becomes very scanty now, often entirely suppressed; hæmorrhage takes place from the mucous membranes, and blood is not unfrequently vomited up, and discharged by stool.

The extreme restlessness of the first or febrile stage has now given way to a gloomy indifference. The pulse gradually ceases, hiccough sets in, the skin becomes cold and clammy, the body exhales an offensive odor, and death takes place quietly or amidst convulsions.

In slight cases, after the febrile symptoms have passed off, a gradual improvement in the state of the stomach, a general perspiration, or the discharge of a dark brown urine, show that the vital energies are not yet exhausted. After this convalescence takes place, either with typhoid symptoms, or more frequently without them.

This is the ordinary course of the fever; but, as I have stated before, it is liable to great diversity. The febrile action of the first stage may be inflammatory, with a strong and full pulse, or typhoid and asthenic; in which case the pulse is, from the beginning, very feeble and frequent. In this latter case the general prostration is such as to warrant the assumption that the patient has received his death blow at the beginning.

The most prominent symptoms of this malignant state are: a general weakness, with a sense of stupefaction in the head; pain in the back and inferior extremities; a very feeble pulse at the wrist, while the carotids beat violently; a pale and purplish face, and a countenance expressive either of gloomy indifference, or of intense horror and agony.

Sometimes the patient has been suddenly struck down in the midst of apparent health, with symptoms of overwhelming precordial oppression. When examined, his pulse is found to be very weak, or entirely absent. In such cases the tongue may be clear, and the pulse almost natural; still the great restlessness of the patient gives cause for alarm, which is soon confirmed by black vomit, convulsions, and death.

The expression of the countenance in this disease is peculiar, and by carefully observing it the practitioner may often see clearly depicted in it, what a sulky or cross patient does not want to acknowledge. From the beginning of the fever the white of the eye is reddened, and appears as if bloodshot. The forehead and cheeks have at the same time an unnatural red color, which is found in no other disease so strikingly as in this. The color, as also the redness of the eye, gradually gives way to a deep yellow or orange.

The black vomit, the most striking symptom of this disease, mostly makes its appearance on the third or fourth day, although it is by no means a universal symptom ; for plenty of cases prove fatal without its occurrence. It was formerly thought to be black bile ; but at

present the most generally admitted opinion is, that it is blood thrown out to relieve the congested and inflamed vessels, and which has been altered by the acid of the stomach.

Still, the blood must undergo some changes in making its exit from the capillaries; for were it simply blood altered by the action of acid, it should return to the state of natural blood upon the exhibition of magnesia, instead of remaining unaltered. Black vomit separates, upon standing, into two parts—an insoluble black matter, like coffee grounds, which subsides, and a clear liquid; the first is the altered coagulable matter of the blood—the liquid, the serum.

According to some authors, animalculæ of the genus Acarus have been discovered by means of the microscope in the black vomit very recently ejected; the same has been said of the vomitings and evacuations in cases of Asiatic cholera. It remains yet to be seen whether this will assist in clearing up the obscure nature of the yellow fever. There is, however, no doubt that the black vomit is essentially disintegrated blood.

Great diversity of opinion exists as to whether the cause of yellow fever is a peculiar and specific one. It has also been said that the nature of bilious and yellow fever is essentially the same, and that the latter is only an aggravated form of the former. But the authors of those statements undoubtedly have never seen the yellow fever at Port au Prince, or they would have been convinced that bilious fever, typhus, and yellow fever may exist at the same time, aye in the same hour, and still there be to the experienced physician not the least trouble in drawing an exact line of demarcation between them.

The predominance of the gastro-bilious symptoms in slight cases, and of those of malignant typhus in the fatal ones, has suggested to me the idea that yellow fever might be a combination grown out of gastro-bilious fevers on one side and a malignant typhus on the other, and that according as the one or the other is predominant the character of the disease changes.

Another question of some importance is, whether yellow fever is to be considered contagious or not. With regard to this I have only to state, that during the time that I have practised in the West Indies and on the Spanish Main, I have never seen anything which could convince me of the contagious nature of yellow fever, and I would just as soon admit intermittent fever to be contagious.

The diagnosis of yellow fever is not attended with many difficulties. In the beginning, the redness of the eye, the white-coated tongue, together with the pains in the back and limbs, and the bluish color of

the forehead and cheeks, afford plenty of cause to suspect the true nature of the disease, and the black vomit soon comes and dissipates any doubt that may have remained.

The prognosis is more difficult, and it requires some experience to distinguish between slight and fatal cases, especially in the beginning.

Among the most unfavorable symptoms are excruciating pains in the back, limbs and forehead, great feebleness of the pulse, sometimes an entire absence, a bronze color of the face, bloodshot eyes, together with extreme restlessness, epigastric tenderness, black vomit, and suppression of the urine.

The favorable symptoms are, first, the absence of any of the above mentioned ; then a prolonged continuance of the primary fever, which subsides only gradually, and under the effect of a general diaphoresis, the passing dark brown urine, salivation, a gradual clearing of the tongue, and a diminution of thirst, and epigastric tenderness.

Much has been said about the treatment of this most malignant disease, and books have been written to prove the good effects of this or that medicine, which may not have proved by far as effective in all hands, as was at first anticipated. Bleeding has had its partizans, and the employment of emetics and strong purges also ; I have never liked either.

As I make especial reference to the yellow fever at Port au Prince, I shall abstain from all speculations on this subject, and limit myself to giving a description of the method of treatment which has proved most successful in my hands at that place.

Port au Prince is the capital of the negro Empire of Hayti, of which at present a certain Soulouque calls himself the Emperor and autocrat. Only colored people are allowed to settle on the island, and only in the seaports an exception is made in favor of a few foreigners, most of whom are merchants. But these, having been for a long time residents on the island, have consequently already become acclimated; the only subjects, then, who are exposed to an attack of fever, are the crews of foreign vessels, of which there arrive yearly about three hundred at Port au Prince. My position as physician to the American Consulate made it my duty to attend to them. It will thus be seen that all my patients were strong and able-bodied men, mostly from twenty to thirty-five years of age, about half of them being Americans, and the other half from the different commercial nations of Europe.

When called to a patient, my first care is to decide, whether it is a case of an inflammatory, or of a typhoid character.

The inflammatory cases may generally be known by the full and strong pulse, which seldom runs above one hundred to one hundred and five per minute ; the tongue is covered with a white or slight yellow fur, the taste in the mouth is very foul, with an occasional feeling of soreness in the throat. There is usually some pain in the head, and also a peculiar giddiness, together with a weakness in the back and limbs.

The typhoid or asthenic cases are characterized by a very frequent and feeble pulse, which sometimes makes regular intermissions from the outset. The tongue is either natural or covered with a white fur. The patient complains of intense pains all over his body, and his head feels, as some have told me, like an empty paper box. The eyes are very much bloodshot, and in the whole countenance there is depicted an intense feeling of horror and agony. In these cases the bowels are generally obstinately costive from the beginning, and the stomach very tender.

As soon as I make a case out to be of the inflammatory kind, I administer thirty grains of calomel, which I place dry upon the tongue, and allow only a few spoonfuls of water to swallow it. To obtain a mercurial action being my object, I give then every two hours from one to two grains of calomel, which I continue for two days. In cases of yellow fever it is a most difficult thing to obtain a mercurial action, the process of absorption having entirely ceased; I generally continue the mercury for about forty-eight hours, and then stop, having found it entirely useless to continue any longer. Salivation, if it takes place, will do so within thirty-six hours, and there is no danger at all of discontinuing it, as soon as it occurs. To allay the frequent desire for cold drinks, I let the patient take small quantities of grateful acid drinks, such as tamarind water, or cream of tartar lemonade. If the bowels have been costive, I also prescribe several purgative clysters, composed of castor oil, common salt, and tepid water.

On the next day, the patient having had several stools, feels himself considerably relieved, and now I make a careful examination of the epigastric and right hypochondriac region, and if upon pressure there I find the least tenderness, or anything like a pulsation, I immediately order a dozen leeches to be put around the anus. After this a tepid bath is given, and then a large emollient poultice applied to the stomach.

With this the patient passes the second day well, and on the next morning ten grains each of calomel and quinine are again given.

On the morning of the fourth day I usually give again ten grains of

quinine, but this time combined with one grain of powdered opium, partly to procure sleep, but more especially for the purpose of bringing about a general diaphoresis, which is then kept up by small doses of liquid acetate of ammonia. On the next day the patient is allowed a cup of weak soup, and also to sit up for a few hours. After this, all the medicine I give is an occasional dose of citrate of magnesia, to keep the bowels loose ; and at the end of eight or ten days the patient is well enough to go to work again.

But matters do not always progress so favorably. Frequently on the third day I find the epigastrium very tender, and the patient evinces a tendency to vomit. Upon this I apply from six to ten wet cups to the seat of pain, and wait then a few hours to see the effect. If the tenderness diminishes, I go on with the already given method; but if it increases, I immediately put two large blisters to the inside of the thighs. Blisters have at such a critical moment often worked like a charm, calming the tenderness of the stomach, breaking up the fever, and restoring the interrupted equilibrium between peripheral and abdominal nervous sensibility.

But to be productive of such good, they must be applied in time, and before the black vomit sets in ; if this has once taken place, they hardly ever do any good, and always torment and exasperate the patient very much.

Should the blisters not produce the desired effect, and the disease proceed to black vomit, then I follow the treatment hereafter to be specified.

Cases of a typhoid character are easily distinguished, and, as a matter of course, require a method of treatment altogether different. The nervous system being from the beginning evidently broken down, it requires a powerful remedy, acting at once as a sedative and tonic, to assist the system in rallying from under the first blow of the disease. This medicine we have in the sulphate of quinine. But to be productive of good it must be given immediately, and in very large doses. If the stomach is still quiet, I give immediately about thirty grains in about half a dozen spoonfuls of coffee, without either sugar or milk.

If given in this vehicle, I have found it to sit better on the stomach than in any other. But should the state of the stomach not admit of any medicine being given internally, then I dissolve sixty grains of quinine in one ounce of sulphuric ether, with the addition of two drachms of liquor ammonia, and have this rubbed in under the armpits and over the whole abdomen about three times during the day.

If the bowels be costive, the already mentioned purgative enema should also be administered.

On the following day the patient frequently feels himself better; if formerly not successful, quinine will now mostly stay on the stomach; but whether it does or not, the external application of it should by no means be forgotten, but repeated in about half the strength of the day before.

During this day the symptoms of epigastric tenderness return frequently more intense than ever; they should be immediately combatted by leeches to the anus and (no cupping in these cases) hot fomentations to the seat of pain, putting them on as warm as the patient can bear them, changing them at least every fifteen minutes.

Should this not have the desired effect, then blisters must be resorted to, under whose action either an abundant discharge of dark brown urine takes place, or a slight diaphoresis appears, which has then to be encouraged by opiates, etc. Still, in a great many cases all these remedies prove in vain, and the so much dreaded black vomit makes at length its appearance.

To combat this, I have ransacked all the known and recommended remedies, and given them all a trial; but, from gum kino to acetate of lead and nitrate of silver, none has succeeded in my hands. Thrown back upon my own resourses, I resolved to try the corrosive sublimate, and I am happy to say that seven people, who had the black vomit, recovered under the effect of this remedy.

To employ it, I proceed in the following way: Six grains of bichloride of mercury are dissolved in two ounces of pure water, with the addition of twelve drops of muriatic acid. A small teaspoonful, (one of those manufactured out of horn or ivory for the use of children,) and which may contain about a drachm and a half, is my usual dose.

I commence with making the patient drink about half a cupful of tepid water, with a little common salt in it; this has the effect of causing him to vomit immediately, and thereby cleaning the stomach effectually; I then make him open his mouth and let the mentioned solution run down drop by drop in his throat.

It generally causes a slight burning sensation in the stomach, for which I always have an emollient poultice ready, which soon relieves it; and directly after this has been effected, I order a purgative clyster to be administered, for the purpose of assisting in checking the vomiting.

This same process has to be repeated, according to the urgency of the symptoms, every two or three hours.

If it proves effectual, it will do so after three or four doses have been taken; in such cases the vomitings assume first a brown mahogany color, which gradually goes over to a greenish opaque, until they cease altogether and the matter is passed off by the bowels.

The black vomit, if it does not yield to remedies, continues from two to four days, after which it spontaneously ceases.

Then commences the last or true typhoid state of the fever, which in most cases is followed soon by convulsions and death. But in some cases the disease has run its course so quickly, that the system is not yet entirely broken down.

The patient is mostly found to lay in a half-inclined position. He complains of no pain, except in the forehead; but says, to use a sailor's expression, that he is as weak as a new-born baby.

A nutritious diet should now be ordered, together with wine and water and other stimulants, according to the degree of prostration.

In some cases the carbonate of ammonia in an emulsion of gum arabic is sufficient, while in others egg punch and brandy, together with tincture of musk, must be resorted to.

The oil of turpentine, so much lauded by some practitioners as an alterative to the mucous membrane of the stomach, may now be employed.

Sulphate of quinine in small doses may now be administered with very good effect, and the whole must be conducted upon the principles laid down for the treatment of the latter stage of malignant typhus fever.

The wandering pains that are now frequently felt all through the body are generally relieved by slight frictions with some aromatic spirits, which, to make it feel more comfortable, may be slightly warmed. Frictions, besides, produce very good effects all through the course of yellow fever.

At this stage patients may remain in pretty much the same condition for fifteen or twenty days; still it should be recollected that every additional day brings also additional hope.

The greatest care is now necessary to guard the patient against imprudence in diet; it should be kept strongly impressed upon the mind of the nurses that he needs a generous and nutritious diet; but crude things, for which sailors have always a strong liking, should be scrupulously avoided, for a single mistake of this kind is sufficient to bring on a sudden and fatal relapse, followed in a few hours by convulsions and death.

I have sometimes been called to patients, when, after the most careful examination, I could not decide as to whether it was an inflammatory or asthenic case, the distinguishing symptoms being equally strong on either side. Experience has taught me to regard these cases as of a most fatal malignancy. Quinine should be immediately given in large

doses, and the case treated on the most active principles possible; for the black vomit sometimes makes its appearance only twenty-four hours after the patient is taken sick.

With regard to the prevention of yellow fever at Port au Prince, a great deal might be done by keeping the city and harbor clean; but to clean them effectually at present, would be a job worse than the one Hercules had in cleaning the cow stables of King Augean.

Cleanliness may mitigate the violence of the fever; but some will undoubtedly be always present.

A great deal may also be done by paying attention to the selection of sailors for a trip to Port au Prince; none should be taken under twenty-eight or thirty years of age. These resist the fever the best, and, if taken sick, have a fair chance of recovering.

All the nationalities are alike subject to the fever; still the Americans have a better chance of recovery than any other, and the worst cases are found among the Germans, Swedish, Danes, and Irish.

The French, Spanish, Italians, and Belgians hold about the middle rank.

The fever appears to have a particular liking for cabin boys; out of twenty that are taken sick, hardly one recovers.

During my stay at Port au Prince I attended two hundred and forty-three cases of yellow fever.

Of these, forty-eight had the black vomit, of which number only seven recovered. Eleven more died without having the black vomit, making the number of deaths in the whole number of two hundred and forty-three, just fifty-two.

Of the fifty-two that died, only fourteen were Americans, and of the seven that recovered after having the black vomit, five were Americans. But as among the whole number of patients more than half were born Americans, the chances in their favor are very great, as may be seen from the above stated facts. As another singular fact, I must state that the only cabin boy which I brought over the fever was an American.

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*Marshall Hall's "Ready Method" in the treatment of Laryngismus.*
By WILLIAM C. ROGERS, M.D., Green Island, Albany Co., N.Y.

During the first week of February, 1858, my youngest child, a boy five months old, of robust constitution, and of excellent general health, was suddenly, and without any previous illness or premonitory symptoms, seized with laryngismus and sank back breathless, pulseless, and

convulsed in the hands and feet. I dashed water into his face, and by repeatedly inflating his lungs, and by rubbing vigorously over the spine, succeeded in restoring respiration at the end of about two minutes. He suffered but a very few hours from the effects of the attack, and the next day was as lively and apparently as well as ever. From that time to March 30th, a period of seven weeks, his general health was excellent. On the morning of the 30th he was feverish and troublesome, but not enough so to excite my anxiety, scarcely my attention. In the evening he was more restless, with a high fever, and on examination his gums were found swollen and tense, and his mouth hot and dry. I gave him an anodyne diaphoretic, and finding him much relieved thereby, retired for the night. The child lay next to the wall, looking up to the moon which shone full upon him through the window, and appeared unusually playful, when he was suddenly convulsed in the hands and feet, his head was drawn violently to the left, and his neck flexed upon his shoulder, and without a sound or a motion, which would arouse us had we been asleep, he sank breathless into the pillow. I immediately brought him into the middle of the bed and endeavored to revive him by frictions, by dashing water into his face, and by resorting to artificial respiration, but in vain. He laid there livid, cold, and without a sign of life. His pupils were insensible to the light, and the pulsation of the heart was not to be felt.

At this juncture I gave up all hope, and told my wife that our little one was *dead*, when suddenly the idea of trying Marshall Hall's "Ready Method" occurred to me, and placing him in position, I immediately began to rotate him according to the prescribed rules. I labored perseveringly for about five minutes, when there were signs of returning animation. The color returned to the lips, the lividity of the cheeks gave place to the natural hue, the pulse became faintly perceptible at the wrist, and the joints regained their normal elasticity. But the child was still unable to breathe without assistance, and I therefore continued the "Ready Method" for about five minutes longer, when respiration was so far established as to enable me to attend to a call at the office door. On my return I found that respiration was but imperfectly performed, that each effort was weaker than the one preceding, and that the patient was fast lapsing into his former lifeless condition. I accordingly again resorted to the "Ready Method," and at the end of four or five minutes had the satisfaction of hearing him cry naturally and lustily. I immediately lanced his gums freely, and gave him small doses of anodynes and antispasmodics. The next day his dejections were light colored, watery, and very offensive,

accompanied with symptoms of bronchial and laryngeal irritation. A grain of blue mass and small doses of syrup of ipecacuanha—the latter continued at intervals for three or four days—and half-drop doses of Magendie's Solution, constituted the treatment until the 4th of April, when I regarded him as entirely well and ceased the administration of all remedies. I should state that for four days the little patient wore the *wet girdle*, i. e., several thicknesses of cloth wrung out of cold water and wrapt about the abdomen, and covered with as many thicknesses of dry cloth—an appliance which I have used in cases of derangement of the bowels with very decided benefit.

To what are we to attribute this last attack of laryngismus? To the swollen and painful gums, to the irritating contents of the bowels, or to the condition of the primæ viæ which had produced these latter phenomena? I am at a loss to tell, especially as these symptoms and conditions did not obtain in the first attack. Are we to attribute it to the onset of the very mild bronchitis and laryngitis which was discovered to be present the day following the attack? I can hardly think so, since the disease was in both locations so exceedingly slight as to cause little or no uneasiness From the phenomena presented during the attack, from the ease with which the air entered into, and passed from, the larynx during the rotation of the patient, and from the rapidly increasing dyspnœa when the "Method" was first discontinued, I am inclined to believe with Prof. Meigs, of Philadelphia, that the disease is really a spasm of the diaphragm, and not of the larynx—a *phrenismus* and not a *laryngismus*.

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*Tuberculosis and the Medicinal Hypophosphites.* By Prof. Lewis H. Steiner, M.D.

If ever there existed a special *opprobrium medicinæ*, it is the disease Tuberculosis. Every man has his own private theory, which is "undoubtedly original," as the venders of old paintings say, and which he rears with the most loving attention—bestowing every care upon its full development into the stateliest form and most attractive proportions. But in order to attain the latter he feeds it with but *one* kind of food, and this is supplied in the most liberal profusion. Anodynes to relieve pain and irritation, oleaginous substances to furnish fuel for the system, which is presumed to be deficient in calefacient material, vapors saturated with terebinthate, aromatic and balsamic substances, and, in domestic practice, *teas*, that are supposed to be wonderfully

efficacious on account of the *vegetable* material they contain. The range is enormous. Each consumption doctor has his own hobby, which he rides with great pride, and which he will wager any amount of money is the swiftest and *surest* horse to bear the practitioner through a victorious combat with the disease. And how hopefully the patient listens to the enthusiasm of his physician, so sanguine and certain as to the successful termination of the case. Alas! such bright hopes have been all too often destroyed by the invincible disease which seems to elude all the powers of medicinal agents. But the profession does not despair. That the disease shall eventually prove curable there is very little doubt; but how far we are from, or how near to, the announcement of the *sure* mode of its treatment we are unable to state.

Dr. John Francis Churchill has taken up the idea that, "the proximate cause, or at all events an essential condition of tubercular diathesis, is the decrease, in the system, of the phosphorus which it contains in an oxygenizable state, and that the *specific* remedy of the disease consists in the use of a preparation of phosphorus, uniting the two conditions, of being in such a state that it may be directly assimilated, and at the same time at the lowest possible degree of oxydation." He recommends the use of the Hypophosphites as combining, in the most reliable way, these two conditions, and has sent a paper to the Academy of Medicine in Paris, which has been referred to a committee composed of MM. Louis, Trousseau, and Bouillaud.

Before noticing the theory of the action of these salts which Churchill advances, we cannot refrain from remarking how prone we are to accept certain things in medicine as facts, on faith, and then force our reason to recognize every case coming under our observation as an illustration and confirmation of these quasi-facts. We recollect hearing a distinguished zoologist once arguing that a *fish-diet* was the best in the world for a man who had much brain-labor to accomplish, and that when he had an extraordinary amount of mental work to accomplish during the day he experienced the happiest effects from a fish breakfast. The health of this gentleman, at all times, was excellent, but he had determined in his own mind that it must result from this diet. The conclusion had been arrived at from a mere chemical consideration of the subject. The brain fat contains from 1.5 to 2 per cent. of phosphorus, which is supposed in some mysterious way to be connected with the operations of the mental faculties. Active use of the latter must remove some of this material, hence the best food under these circumstances is that which will furnish phosphorus in largest quantities. Liebig had told him that the flesh of fish answered this condi-

tion. Now, what rational physiologist can submit without protest to this mechanico-chemical mode of viewing the subject? And unfortunately for the whole theory, Von Bibra* has shown that "the phosphorus in the brain fat of insane persons does not exceed the main amount; nor does extreme old age modify the quantity. The brain in very young persons, and in the embryo, presents no peculiarity in this respect; * * the amount of phosphorus varies in different brains with the amount of fat, and there is *no* reason to believe that there is any special connection between the intelligence and the amount of phosphorus."

We cannot charge Churchill with any such mere mechanico-chemical theory as to the action of the Hypophosphites, although he seems open to the suspicion of concluding on the *post hoc ergo propter hoc* principle. He says: "the physiological effects produced by the use of the hypophosphites of soda, lime, potash and ammonia, show these preparations to have a two-fold action. On the one hand they increase the principle, whatever that may be, which constitutes nervous force; and on the other, they are the most powerful of hæmatogens, being infinitely superior to all medicines of that class hitherto known. They seem to possess in the highest degree all the therapeutical properties formerly attributed by different observers to phosphorus itself, without any of the danger which attends the use of that substance, and which has caused it to be almost forgotten as a medical agent." But, with this statement of physiological effects, are we prepared to admit as a conclusion their applicability to tuberculosis, and necessarily to conclude, as the gentleman's experience seems to justify him in doing, that "the effect of these salts upon the tubercular diathesis is immediate, all the general symptoms of the disease disappearing with a rapidity which is really marvellous? If the pathological deposit produced by the discrasy is of recent formation, if softening has only just set in and does not proceed too rapidly, the tubercles are absorbed and disappear. * * The hypophosphites of soda and lime are certain prophylactics against tubercular disease." Surely such statements should be based upon the treatment of a large number of cases, in all of which marked success, or reasons for failure, should be thoroughly stated. But Dr. C. has *only* treated 35 cases—all "in either the second or third stages of the complaint; that is, they had either softened tubercles or cavities in the lungs." "Of these, nine recovered completely, the physical signs of the disease disappearing altogether in eight out of that number; eleven improved considerably, and fourteen died; one still re-

*Lehmann's Physiolog. Chem., 114, 557.

mains under treatment." From these results of treatment, at the hands of Dr. Churchill, our readers can decide for themselves whether the hypophosphites are specific remedies for the disease.

But whatever may be our conclusions with reference to the claims of Dr. C. for the hypophosphites as sovereign remedies in tuberculosis, there can be no doubt as to the value of these salts as remedial agents. The hypophosphite of soda and lime, which is a mechanical mixture of the two rather than a chemical double salt, seems most preferable. The dose varies from ten grains to one drachm in twenty-four hours.

As peculiarly valuable, in view of the uses which will be made of the hypophosphites, we quote a portion of an article by Prof. Procter, from a late number of a contemporary,* being satisfied that our readers will feel that all the information on this subject which can be collected at present will be important. "*The Hypophosphite of Lime* is the most important of these salts, as it, not only by oxidation in the economy, will afford phosphate of lime in a nascent state if needed, but its reaction with the carbonates of the alkalies gives a ready means of obtaining the alkaline hypophosphites." There are two methods of preparing this substance. First, by dropping *phosphide of calcium* in water, when the decompositions of the two substances result in the evolution of phosphureted hydrogen gas and the formation of the hypophosphite in solution. The second is by boiling lime and phosphorus together. Four pounds of recently burned lime, one pound of phosphorus, and five gallons of water are taken. The lime is slacked with a gallon of water, and the remainder of the water is put in a deep boiler, and as soon as it boils the slacked lime is to be added and mixed to a uniform milk. The phosphorus is now added, and the boiling is to be kept up constantly, adding hot water from time to time, so as to preserve the measure as nearly as may be, until it is all oxidized and combined, and the strong odor of the gas has disappeared. The mixture froths much, and but little of the phosphorus reaches the surface. Then filter the solution through close muslin, wash out that portion retained by the calcareous residue with water, and evaporate the filtrate till reduced to six pints. The concentrated liquid should now be re-filtered, to remove a portion of carbonate of lime which has resulted from the action of the air on the lime in solution, and again evaporated till a pellicle forms, when it may be crystallized by standing in the drying room, or the heat may be continued with stirring till the salt granulates, when it should be introduced into bottles."

* Am. Journ. of Pharmacy, March, 1858.

From this salt, then, hypophosphites of soda, potassa, ammonia and sesquioxide of iron, as well as hypophosphorous acid may be prepared. The salt of iron is not discolored by the tannic acid contained in kramoria, catechu and cinchona, hence it could be associated with Peruvian bark as a tonic and nervous stimulant.

Prof. Procter proposes the following formula for a compound syrup of the Hypophosphites, with a view of meeting "the double purpose to which these salts are directed by Dr. Churchill, viz, the increase of nerve force, and the elevation of the tone of the several functions concerned in alimentation and nutrition:"

| | |
|---|---|
| Hypophosphite of lime | 256 grains. |
| " of soda | 192 " |
| " of potassa | 128 " |
| " of iron* (recently precipitated) | 96 " |
| Hypophosphorous acid solution | q. s. or 240 " |
| White sugar | 12 ounces. |
| Extract of vanilla | ½ " |
| Water | a sufficient quantity. |

"Dissolve the salt of lime, soda and potassa in six ounces of water: put the iron salt in a mortar, and gradually add the solution of hypophosphorous acid till it is dissolved; to this add the solution of the other salts, after it has been rendered slightly acidulous with the same acid, and then water, till the whole measures nine fluid ounces. Dissolve in this the sugar, with heat, and flavor with vanilla. Without flavoring, this syrup is not unpleasant, being slightly saline, and not at all ferruginous. Any other flavoring may be used, as orange peel, orange flower or ginger. It is also suggested to physicians that glycerin may be used, wholly or partially in place of sugar when indicated, six ounces of glycerin being substituted for twelve ounces of sugar. The object of acidulating the saline solution is to decompose any alkaline carbonates which may be present. The dose of this preparation is a teaspoonful three or four times a day. A teaspoonful contains 2 grains of the lime of salt, 1½ of the soda salt, 1 of the potassa salt, and ¾ of a grain of the iron salt, besides a little hypophosphorous acid." L. H. S.

* "This quantity, 96 grains of hypophosphite of iron, is obtained when 128 grains of hypophosphite of soda dissolved in 2 ounces of water is decomposed with a slight excess of solution of persulphate of iron, and the white precipitate well washed on a filter with water."

*Puerperal Fever. An abstract of the Discussion at the Paris Academy of Medicine. Collated from the French Journals for the* MONTHLY.

The discussion on Puerperal Fever, which has occupied several sittings of the New York Academy of Medicine, during the past year, has elicited considerable attention from our foreign contemporaries. The reports of this discussion, with accompanying papers, which have appeared from time to time in the MONTHLY, have been translated into, and commented upon by the *Gazette Hebdomadaire*. Recently, the Paris Academy of Medicine, for the first time since its organization, has entered upon the consideration of this subject, apropos to a case of death from puerperal fever after abortion, related by M. Guerard.

Although we have occupied much space with this subject, we still consider it of sufficient importance to recur to it by giving an abstract of the discussion in the Paris Academy.

It will be observed that the line of argument is very similar to that adopted by those who conducted the discussion in our own Academy.

M. Guerard opened the debate by calling the attention of his colleagues to three principal points: 1. The nature of the affection; 2. Its mode of propagation; 3. Its treatment.

I. In considering the *nature* of the affection, he referred, merely as a matter of history, to the hypothesis of the retention of the lochia and of the milk as causes of this disease, and then commenced to discuss the two following questions: What effect has local inflammation upon the production of puerperal fever? Is this disease due to purulent infection?

In answer to the first question, it can be said, that puerperal fever has often existed without any local lesion being discovered at the autopsy (in suddenly fatal cases, for example); and in ordinary cases the local lesions do not present that constancy, and that identity which essentially characterize a morbid individuality. For instance, M. Tonnelè in 222 autopsies found peritonitis absent 29 times; metritis, and the lesions of the organs annexed to the womb were absent 25 times; phlebitis and uterine lymphitis 88 times. M. Voillemier in 24 autopsies found uterine phlebitis absent 21 times; lymphitis 22 times; and, according to M. Bourdon, uterine phlebitis was absent 4 times in 5 autopsies.

Can the study of the order of succession of the phenomena lead us to admit the theory of local lesion, as the essential alteration and point of departure for puerperal fever? If this was true the mani-

festations of the local lesions would not only be constant, but they would always precede the appearance of the general symptoms. Is this so? No. For several hours following the expulsion of the fœtus, and after birth, pure blood, more or less abundant, flows out, and the lochia do not appear till some time afterwards. But sometimes the disease suddenly arises, either immediately after parturition, or even during labor. The inflammations do not come on till later, when there is time for them to become developed. As the disease continues they increase, and pus is seen to invade, in turn, the peritoneum, the veins, the uterine lymphatics, the ovaries, the pleuræ, the muscles, &c. In fine, these lesions are variable in constancy, in number, and in intensity according to epidemics. For this reason M. Voillemier has defined puerperal fever as "a general disease, the anatomical character of which is the existence of pus in this or that part of the economy."

This definition is not exact, for in sub-acute cases the disease can be developed, pass through its phases, and reach a fatal termination without the least lesion being detected at the autopsy.

These lesions, then, which some consider as the causes of puerperal fever, are, on the contrary, secondary and subordinate to a general cause.

As to the second question, the theory of purulent infection, developed so ably by M. Velpeau, can it resist a severe criticism? We have already seen from the statistics of MM. Tonnelè, Voillemier, and Bourdon, given above, that phlebitis and lymphitis were absent in two-fifths of the cases. M. Duplay has given some reliable observations, which demonstrably prove that phlebitis can exist, and pus fill the uterine veins without producing puerperal fever. The experiments of Gaspard, reported in the first two volumes of Magendie's works, do they not prove that pus can circulate in the veins without producing any serious lesion? Has he not injected as much as eight grammes of pus into the jugular vein of a dog, producing vomitings, fetid urine, and fetid dejections only, the animal recovering the next day? It is true, repeating the experiment with sixteen grammes of fetid pus the animal died in convulsions without having had any dejections. At the autopsy the venous blood was found very coagulable and plastic, the left ventricle of the heart contracted, and a wine-colored spot internally, formed of a concrete pellicle; the other organs healthy.

Some writers, arguing from this last experiment of Gaspard, have attempted to explain the disturbances of innervation in purulent infection by the obstruction in the blood, or lymphatic capillaries, by

globules of pus whose diameter, greater than the blood globules, was not proportioned to the calibre of the smaller vessels. The first experiments of transfusion also seemed to confirm this hypothesis. The recent experiments of Dr. Brown-Sèquard, however, show that one can, without danger, inject blood containing globules more voluminous than the blood proper of the animal experimented upon, by performing a previous bleeding. By taking this precaution quite a large quantity of pus can also be injected, without danger, into the veins of animals. M. Felix D'Arcet, who has performed these experiments, has never found in his animals purulent spots characterizing multiple abscesses.

Finally, M. Duplay reports a case of a woman, twenty-seven years old, who died of puerperal fever two days after having entered the hospital, presenting no sign of purulent absorption. Puerperal fever is not due, then, to purulent infection.

If it is easy for me to show the weakness of ancient theories, I hesitate in attempting to resolve the question of the intimate nature of puerperal fever, and state what it is.

Epidemics of puerperal fever, although different from each other, have nevertheless a resemblance, which prevents their being confounded with other diseases.

They present two orders of characteristic symptoms, depending:

1st. Some upon the female in the state of gestation; 2d. Others upon the place in which she lives. The first determine the *form* of the epidemic; the latter the intimate nature of the disease.

The physiological and pathological subordination of the fœtus to the mother has been the subject of important works, which have demonstrated that independently of the modifications of the physiological state during gestation, it also produces certain corresponding morbid tendencies. The observations of M. Trousseau have shown that erysipelas and aptha in infants were more frequent and severe during epidemics of puerperal fever. According to MM. Moreau, P. Dubois, and Danyau, the mortality among the new-born children is greater during the epidemics at the Maternitè. McClintock has observed, at the Dublin Lying-in Hospital, an epidemic during which ten out of fourteen patients died; five children died.

M. Lorain establishes in his thesis (de l'etat puerperal chez le fœtus et l'enfant nouveau-nè, 1855) the morbid union between the mother and child; he shows the disease transmitted to the latter, coexisting in both without any positive order of sequence, or existing in one alone, the lesions differing, or being the same, (peritonitis, puru-

tent infection.) M. Lorain has not found lesions allied to the puerperal condition in the infant before the seventh month. Still, cases exist of women who have died of puerperal fever before this period, an example of which I have seen in the patient attended with M. Depaul, who was attacked at the fifth month.

Can we legitimately conclude from these facts that there is a *virus*, infecting the mother or the child alone, together, or consecutively? This hypothesis of a virus seems a reality when we consider certain facts which lead us to the consideration of the propagation of puerperal fever.

II. Numerous facts seem to establish the great influence of *infection* and *contagion* upon the propagation of this disease. For instance, emigration at the time of an epidemic in a city, or the evacuation of the wards of infected hospitals, are among the best means of preventing the increase of puerperal fever. It is well known that a recent residence in an epidemic neighborhood is more dangerous than a long one, which results in a kind of acclimation. The statements I have already made relative to the increased mortality among infants during an epidemic in large hospitals, sustain the hypothesis of a virus.

Again, the chlorine washes and the careful cleansing of the hands by brushes, prescribed by Dr. Semmeliveis, at Vienna, which reduced the mortality from 57 to 12, is a strong argument in favor of contagion. The same results were obtained by Michælis, at Kiel. M. Depaul has published two cases of puerperal fever, communicated by himself to recently delivered women he had visited, after having performed the post-mortem upon patients who had died of this disease. A young midwife also died of this affection, after having attended a case of puerperal fever.

III. And now as regards the treatment. All the means employed in the treatment of this disease can be classified under four heads. 1st, antiphlogistics; 2d, narcotics; 3d, sulphate of quinine; 4th, ipecacuanha.

Antiphlogistics are never very efficacious, and are sometimes dangerous. Narcotics have been prescribed, but I shall speak here only of opium, which I have used, and which I have often thought was really efficacious in cutting short the progress of the disease. But I am persuaded that, in order to obtain good effects, it is necessary to administer the opium in large doses, and from the commencement of the disease. The sulphate of quinine in puerperal fever has been the subject of an interesting communication from M. Beau, who has stated in this place the fortunate results he has experienced from its use.

M. Leudet, who has made some interesting researches in his services at the Hôtel Dieu, at Rouen, has demonstrated that quinine constituted not only a good curative remedy, but was also one of the best prophylactics. Ipecac has been particularly extolled by Doulcet, who in 1782 obtained most decidedly good results from its use, at Hôtel Dieu. Afterwards its effects were very variable. M. Tonnelè, in his memoir, (Archives, 1830,) reports the experiments of Désormeaux; great success for two months, towards the end of October losing its efficacy. He was obliged to discontinue it in November.

We are obliged to recall the precepts of Sydenham, in relation to the therapeutics of epidemics. After having established that epidemic diseases, and especially continued fevers, present from year to year such differences, that an invariable method of treatment cannot be applied to them, Sydenham advises that at the beginning of each new epidemic, notwithstanding its apparent resemblance to those which have preceded it, its true character should be studied and recognized, in order that it may be treated with confidence, and with a certainty of success.

In this formidable affection it is necessary, then, to admit a general cause, which predominates over all idiosyncrasies, and doubtless, also, a treatment varying with all these morbid idiosyncrasies.

M. Depaul then ascended the tribune, and announced that he wished to call the attention of the Academy to the following points:

1st. Does there exist an affection primarily general, to which it is proper to give the name of puerperal fever?

2d. If this disease exists, what are its characteristics? How shall we distinguish it from a great number of other affections which have nothing in common with it, either in respect to their starting point, progress, or frequently their importance, or, in fine, in respect to the remedies which they demand?

3d. What is the value of the therapeutical agents which have been proposed to oppose it in the numerous epidemics which every year ravage special hospitals, and extend sometimes to the practice of cities, and even into the country?

4th. What are the prophylactic means proper to be made use of to prevent, as far as possible, the return of these periodical invasions, which seem to multiply during some years past?

After having added that puerperal fever is more destructive than typhus, typhoid fever and cholera, and having said that time had failed him to digest the reflections which he desired to present on this subject to the Academy, M. Depaul took up the first point—

Does there exist a real puerperal fever? The affirmative answer to this question meets with few opposers at the present day, but the name of puerperal (from the Latin word *puerpera*, lying-in woman) has given rise to great confusion in the mind, by causing us to mistake one for the other, the different important conditions occurring among women after delivery.

As for me, says M. Depaul, who am entirely convinced of the essential nature of the malady, and who accept, without reserve, the opinion of those who make it consist in a primitive alteration of the blood, I would greatly prefer to see adopted the term puerperal typhus or puerperal septæmia.

Puerperal fever, however, has been known from the earliest periods, but from the time of Hippocrates up to the commencement of the 18th century, it was attributed to the suppression of the lochia.

In 1686 Pazos attributed it to the deviation of certain principles of the milk.

In 1781, Ed. Strohter—and not Willis, as has been frequently said—was the first who introduced into science the name of puerperal fever; he located it in the inflammation of the uterus or some other organs, and in that he has been imitated by Burton, Smellie, Th. Cooper, Gorse, Gardien and others. G. Hunter, in 1776, considers peritonitis as the primitive lesion of puerperal fever. Sennert, L. Riviere, Willis, White, etc., regard puerperal fever as a bilious, malignant, putrid fever. Duges, in 1824, and Hinterberger, in 1830, promulgated the opinion that myelitis constituted one of the forms of puerperal fever. In a word, and not to carry this historical sketch too far, we may say, that the authors who have preceded us may be divided into two categories: those who recognize a fever without a local lesion, and those who derive it from a local lesion. There is the same difference at the present time, but we must observe that defenders of the essential nature of the disease are much more numerous among obstetricians and specialists.

The proofs of the essential nature are drawn from the epidemic nature; from the influence of the medical constitution on persons who live in the midst of the epidemic; from the fact that it can attack persons who are in none of the conditions of the puerperal state; from the fact that it may seize upon pregnant women, and kill them before delivery; from the fact that the first symptoms may appear during labor or a few hours after; from the fact that its influence may be exercised even upon infants enclosed in the uterine cavity.

Other proofs are drawn also from pathological anatomy. Thus,

often no lesions are found, and when they are found, they are multiplied in the same woman, and variable (in respect to frequency) in different epidemics.

In order to prove that puerperal fever is transmitted by infection, M. Depaul gives certain statistics of mortality in different hospitals in which there are wards for lying-in women; it results from these statistics that the mortality in the hospitals, wherever they may be, is out of all proportion with the mortality of the poorest and most unfavorably situated quarters. Thus at the Maternitè and the Clinique, in 1856, the mortality was 1 out of 19 deliveries, while in the 12th arondissement it was only 1 out of 322, that is to say, seventeen times less.

But, he adds, the strongest proof of its essential nature, is that the blood is changed, even in the case in which there is no local lesion. All those who have made autopsies are struck,

1. By its slight tendency to coagulation.
2. By its liquid condition.
3. By its gooseberry jelly color violet, tinging the tissues.
4. By its oily consistency.

Although chemical analyses and microscopical researches may not have much advanced the investigation, the following are some results which have been published by Prof. Vogel in the *Manuel de Virchow:*

1. The blood is acid, which is due to the presence of lactic acid.
2. Carbonate of ammonia is found in it.
3. It also contains the sulphydrate of ammonia.
4. The globules have lost the power of reddening in the air, and can no longer be of use in the act of respiration.
5. The globules were partly decomposed, and dissolved in the serum, which presented a reddish or dirty brown color.

Lehmann (chimie physiologique) discovered in the blood the coloring matter of bile; and M. Scanzoni says, that the researches of pathological chemistry have demonstrated in the blood:

1. An increase of fibrin.
2. Sometimes a veritable pyemia (the other elements being nominal).
3. In other cases, a dissolution, or putrid condition, which constitutes the septæmia.

The changing of the blood is therefore certain, adds M. Depaul; as to the real nature of the poison which changes it, it is a mystery thus far impenetrable.

I approach now the second question—Has puerperal typhus peculiar characteristics?

Yes, in the vast majority of cases we may recognize puerperal fever by the following signs:

1. The simultaneous appearance of several symptoms which are peculiar to it, and of which I shall speak, (these are no pathognomic signs.)

2. The period at which they occur: first hours after labor; very rarely after the eighth day.

3. Almost constant chill, unique in many very intense cases, and followed by slight reaction; it rarely fails.

4. Frequency of the pulse, which is rarely below 120, and often as high as 165, small, diffusible, wavering, soon threadlike; rising and falling by turns.

5. The warmth of the skin is moderate, and not in proportion to the acceleration of the circulation.

6. The respiration is short, anxious, broken by profound inspiration. These disturbances may be observed from the commencement.

7. Momentary aberration of the intelligence; hesitation in speech.

8. Marked alteration in features.

9. Pain in the joints at the shoulder, elbows, and wrists.

10. Abdominal pains, very variable as to the period of their intensity.

11. Distention of the stomach, ordinarily considerable, and which may, by obstructing the movements of the diaphragm, hasten death.

12. Abundant diarrhœa, which soon becomes involuntary.

13. Yellowish or greenish vomiting.

14. Suppression of the lochia, and of the secretion of the milk.

15. Finally, we must take into consideration the circumstance, that an epidemic already exists.

Such are the peculiar characteristics of the disease. It can only be confounded—and this mistake moreover is frequent—with purulent infection, putrid fever, and typhoid fever. Purulent infection is distinguished from puerperal fever by the following characteristics:

1. The attack never takes place before the eighth or tenth day, and often it is still later.

2. The chills are multiplied, and followed from the commencement by abundant and viscous sweats recurring several days in succession, at irregular periods.

3. The skin assumes an icteric tint.

4. The urine is fetid.

5. There are abscesses in the cellular tissue, and often pus in the articulations.

6. The disease, *although mortal*, continues from eight to ten days, and sometimes several weeks.

7. At the autopsy we find phlebitis and metastatic abscesses, especially in the lungs and liver.

Putrid resorption and infection may be observed in the puerperal state, in consequence of the retention of the placenta, entirely or in part, and from the putrefaction of the fœtus following rupture of the membranes. It can be distinguished, in a general manner, from puerperal fever, in that,

1. The chills are slight.

2. The tongue is dry and fuliginous.

3. The face sallow.

4. Hectic fever supervenes, and diarrhœa, if the condition continues.

5. In the commencement, hygienic precautions are sufficient to cause cessation of the unfavorable symptoms.

6. The progress of the disease is slower than that of puerperal fever.

As to the typhoid fever occurring among lying-in women, its diagnosis can never give rise to serious difficulties.

In respect to the question of treatment, M. Depaul thus expresses himself: "It is a sad confession to make, but I believe I am within the bounds of truth, in declaring that the treatment of puerperal fever is yet to be discovered." The honorable academician then passed in review all the medicines—and they are numerous—prescribed for this terrible affection. He has tried them all, and all have failed in his hands, as well as in the hands of his teachers. The past year even, invested by M. Dubois with the charge of the *Clinique*, he applied the treatment of sulphate of quinine with which M. Beau had been so successful at the Cochin Hospital; he applied it with the full force of the formula indicated by M. Beau; preceding it with an emetic, giving it alone, in a strong dose, even producing cinchonism—all the patients died.

M. Depaul thinks that the few cases of cure which he has observed have been obtained by the aid of mercurial frictions.

The prophylactic treatment has been tried by medicine, and by hygiene.

The medicines extolled as preventives are very numerous.

In 1750, Ponteau recommended camphor. Doublet associated camphor with quinine. Quinine was also advised by Oziander, 1781, in accordance with the practice of the antiphlogistic method of treatment.

Kino was recommended by Delaroche in 1783; Stoll, considering

puerperal fever as a gastric fever, recommended emetics and purgatives to prevent it; Mauriceau prescribed narcotics; Bonti, ipecac; Levret, ipecac and simarouba; M. Baudelocque, in 1830, recommended the sulphate of quinine; M. Piedagnel, in a communication to the Institute, Nov. 24, 1856, called its attention to two medicaments, the sulphate of quinine and the carbonate of iron.

The *Veratrum viride* appears to have been successfully employed in America by Dr. Barker. This physician has praised this medicine very highly, in a discussion on puerperal fever, before the New York Academy of Medicine. An interesting account of these debates can be found in the *Gazette Hebdomadaire* of Dec. 4, 1857. Veratrum viride has not yet been tried in France, as far as I know; it has until now been impossible to procure it in Paris. From information given by Dr. Barker himself, this medicine has, like the sulphate of quinine, a powerful sedative action over the arterial system—so much so, that in an alarming case of puerperal fever the pulse was promptly reduced from 140 to 60 pulsations, and kept during the whole time of the disease below 80.

This list might be extended indefinitely, but it would be useless, for none of them have given any certain result.

As to hygienic means, nursing has been recommended to prevent the metastasis of the milk. White, to prevent the putrid matters from remaining in the genital organs, had his patients walk the first three days after delivery; while MM. Piorry and Malgaigne insist upon the usefulness of repeated detersive injections. The proper conditions of the wards of the hospital, their easy ventilation, have always been considered as indispensable, but, notwithstanding every precaution, epidemics have suddenly risen and proved most disastrous.

In view of these facts, M. Depaul asks if it would not be better to give the needed assistance to the lying-in woman at her own house than to receive her into the hospitals. J. H. D.

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SELECTIONS FROM FRENCH JOURNALS, PREPARED FOR THE *Monthly*.

*Notice of a constant Microscopical Characteristic in Blood-spots.*

Dr. Coulier, of the *Ecole impériale de médecine et de pharmacie militaire*, read a paper on this subject to the *Académie de Medecine* on the 29th of December last. We extract the following from the notice given in the *Journal de Chimie Medicale:*

The characteristics of fresh blood are so peculiar and distinctive that

it was asserted for a long time they would prove valuable in an examination of blood-spots. Experience has shown the fallacy of this idea. The corpuscles become so altered during their desiccation that it is often impossible to recognize their primitive form, when they are moistened either with water, solutions of sugar, or sulphate of soda. It is true, that we may observe the debris of their walls, but these debris have no such precise characteristics that a certain origin could be assigned them. Still, microscopical examinations of blood-spots may afford other useful indications to the expert, as the corpuscles are not the only solid bodies which are found in such a spot; fibrin and white globules likewise exist there. Before studying the microscopical characters of these two bodies, it will be useful to remark that the material which forms a blood-spot presents, under microscopical examination, a uniformly red color, allowing of its being distinguished with greatest ease from iron rust, occurring in the form of irregular fragments, or from red coloring substances undissolved, though held in suspension, in a colorless liquid, (as cochineal, minium, &c.)

Fibrin, present in a spot of moistened blood, appears under the form of an amorphous body, which seems formed of filaments drawn out in the direction of the last force that has acted upon them. It is very easy to show the elasticity of this substance, simply by holding the object-glass tightly in one hand, and with the other sliding the cover glass gently over it. The fibrin will follow the movements of the latter glass, bending upon itself in different directions. In this way the form of cylinders or elongated spindles may be obtained.

When fibrin is treated with an aqueous solution of iodine, it assumes very readily the yellow color that characterizes nitrogenous bodies.

The white globules, which are always encountered in moderately large quantity in normal human blood, resist much more effectually the action of dryness or moisture, than the red corpuscles. Desiccation does not alter them, and it suffices but to moisten them with a little water in order to exhibit all their properties. In order to recognize these, a drop of water is suffered to fall upon the spot, which is then slightly rubbed after a few moments, with the back of a scalpel. Thus the fragments of fibrin are readily detached for transference to the object-glass.

When the spot is on cloth, we should begin by cutting out a piece of the size of a 20 centime piece, or even larger, and lay it, the spot underneath, on the object-glass. One or two drops of water are now let fall upon the cloth. In a few minutes, the spot being moistened, it is rubbed slightly with the end of a glass rod, and the cloth being removed by the forceps, there should remain sufficient liquid on the object-

glass to allow of a microscopical examination. The white globules, thus obtained, will appear either isolated and swimming in the liquid, or entirely imprisoned within the fibrin. They are so manifest, however, that they could not escape the attention even of young observers. It is evidently these that have been taken for the occasional altered blood globules of which some authors speak. They can, nevertheless, be recognized in their true nature by taking into consideration the following characteristics:

1. Their diameter is greater than that of the red corpuscles.

2. Their form is perfectly spherical, as is readily determined by causing them to roll between the two pieces of glass.

3. Their surface is very slightly roughened, requiring for its detection a very good microscope.

4. Their insolubility in weak acetic acid, and the great transparence which this re-agent gives them. This transparency enables one to determine that they are formed of an exterior layer which the acetic acid renders diaphanous, and of nuclei, from four to eight in number, which preserve their opacity.

But what is the value, in a medico-legal point of view, of the properties we have now described? In answering this question, we must recollect that the white globules of blood cannot be certainly distinguished from either mucus or pus globules. Hence, the presence of a globule, such as has just been described, indicates that the spot is blood, or mucus, or pus. If the spot is red, and the red substance presents a very uniform tint, or one very regularly shaded off, this would be one additional proof. If we find, also, at the same time, the debris of fibrin, with all its characteristics, and if these debris contain other well-marked white globules, it will be difficult to admit that the spot has been formed by any other substance than blood.

"*Conclusion*.—The white corpuscles are not altered, like the red corpuscles, by alternate dryness and moisture. We can detect them with ease in blood-spots, and their presence may aid in the recognition of the latter." L. H. S.

### *Oleo-Stearate of Mercury.*

Dr. Venot, of Bordeaux, has employed a preparation by this name in the treatment of syphilitic maladies. It is a discovery of MM. Jeannel and Monsel, and is designed to be employed externally as a pomade, or to be administered internally in the form of pills. In the former method of employment, the pomade of oleo-stearate of mercury (*Pommade bordelaise*) is found to clean up and soothe ulcerated sur-

faces, neither causing rubefaction nor excoriation to the skin on which it is applied. Its use, even when continued for a long time, does not produce erythema or salivation; it does not soil nor injure the texture of the clothing. The pills are given in a dose about the same as that of the sub-iodide of mercury, and are tolerated by the system without any notable change in the intestinal, cutaneous, or salivary secretions.

The prescriptions, in accordance with which this preparation is employed, are as follows:

| | |
|---|---|
| ℞.—Oleo-Stearate of Mercury, | grs. ij. ½. |
| Fresh Butter, | grs. j. ½. |
| Almond Soap, | grs. j. |
| Pulv. Liquorice, | grs. ss. |

This constitutes the amount for one pill.

The *Pommade bordelaise*, intended to support the *Onguent napolitain*, is prepared by taking

| | |
|---|---|
| Oleo-Stearate of Mercury, | 1 part. |
| Fresh Lard, | 4 parts. |
| Essence of Bitter Almonds q. s. for giving it flavor. | |

L. H. S.

*Formulæ for the Administration of Cod-Liver Oil.*

Mons. M. A. Chevallier, in the February number of the *Journal de Chimie Medicale*, gives several formulæ proposed by the French Pharmaciens for the administration of cod-liver oil, which may be of interest to the readers of the MONTHLY. Whatever difference there may be among practitioners as to the cause of the efficiency of this agent, all are agreed as to the good effects which result from its administration.

*Formulæ of Stanislas Larten.*

| | |
|---|---|
| ℞.—Ol. Morrhuæ, | grammes lx. |
| Spermaceti, | grammes x. |
| Syrup Simp., | grammes xxv. |
| Jamaica Rum, | grammes xxv. |

The oil is rubbed up with the spermaceti, syrup and rum in the cold, and then poured in a glass vessel when it has acquired a gelatinous consistence. Chevallier does not consider this formula quiet as good as the following:

| | |
|---|---|
| ℞.—Gelatine, | grammes xvi. |
| Aquæ, | grammes cxxv. |
| Syrup simp., | grammes cxxv. |
| Ol. Morrhuæ, | grammes ccl. |
| Aromatic Essence, | q. s. |

The gelatine is to be dissolved in boiling water, and then the syrup, oil and aromatic essence are to be successively added. The vessel then is to be placed in a cold water bath, the jelly to be stirred for about five minutes, and to be poured while cooling into a bottle with a large mouth.

M. Mouchon has proposed to make a jelly of cod-liver oil with the aid of a decoction of chondrus, but the objection to his formula is the same that holds with reference to the two just given—them edicament is furnished in very small quantities as compared with the quantity of gelatinous material mixed with it. We think that there is still room for an exercise of the ingenuity of our own pharmaceutists in making such a formula as will allow of the administration of this valuable agent in a way calculated to prevent nausea, without requiring so large an amount of foreign material. The subject is worthy of careful consideration and scientific study, and we hope will receive both at the hands of American apothecaries. L. H. S.

*Paronychia; the use of Nitrate of Silver as an abortive.* (Bulletin de Thérapeutique.)

M. Guinier, professor *agrégé* to the Society of Montpelier, has just published some remarks upon the abortive treatment of paronychia, which has up to this time constantly succeeded in his hands.

When the pain has lasted only a few hours, and begins to be throbbing, Dr. G. slightly moistens all the red and painful surface a little beyond the limits of the rose color, and carries lightly over this a pencil of nitrate of silver. This operation ought to be continued at least a minute, until the epidermis becomes brownish. The drop of liquid which has served to moisten the cauterized surface, and which has become a concentrated solution of nitrate of silver, is allowed to dry in its place. It completes the cauterization, and secures the success of the operation. The skin, of a deep brown color, in a few hours becomes of a fine black color, as if charred, and from this time the cure is complete. In a few days the cauterized epidermis peels off, and no trace of the disease remains.

This operation, performed at the beginning of a paronychia, immediately arrests its progress, without causing pain; and persons subject to the affection, who have once experienced the good effects of nitrate of silver, so applied, do not fail to have recourse to it again, when the pain announces the invasion of a second paronychia.

It is not exactly so when the paronychia has lasted a certain time, and the pain has become pulsating. Immediately after the cauteri-

zation, the pain becomes intolerable; but after several hours it lulls, and soon ceases entirely, unless suppuration has commenced.

In this latter case, if the cure is not obtained so rapidly, the paronychia is at least arrested in its progress. The pain becomes more endurable, and it is certain that the cure is complete much sooner. In any case, cauterization does no harm, and it may be considered to be adapted to all periods of the disease. E. H. P.

*Of Aconite and Quinine in Purulent Infection.* (Gazetta Stati Sardi.)

The cases of cure in purulent infection are very rare, and are scarcely to be found widely scattered through the annals of science. We note now the two following cases, observed by M. Turchetti, notwithstanding the doubts which may exist as to the true nature of the disease.

Case I. Very extended and very deep carbuncle of the interscapulary region, with profuse suppuration and mortification of all the muscular mass of the nucha and of the back. When M. Turchetti saw the patient, the gangrene was not arrested, and symptoms of purulent infection had supervened. He advised frequent lotions with the water of Confani, cauterizations with the nitrate or silver, a ptisan of cinchona and valerian, a strengthening diet, tonics; and besides, 4 grammes of tincture of aconite, in 125 grammes of sulphate of quinine; to be taken in divided doses in the 24 hours. Gradual recovery, after various vicissitudes.

Case II. A young woman, recently confined; the removal of the placenta was not regularly made, and a part appears to have remained in the uterus. Soon fever, with all the symptoms which are usually attributed to purulent infection. Same treatment.

In less than forty-eight hours the secretion of milk had reappeared, the lochia had lost their fetid odor and their putrid appearance; the pain and swelling of the limbs had ceased; the beatings of the heart had lost their frequency and quickness; in short, in a few days the patient was cured. E. H. P.

*Ingrowing Nail—Ointment of Perchloride of Iron.* (Gazetta Medicale de l'Algerie.)

Miss C., nineteen years old, suffered for a long time from a pain in the left foot; severe enough to interfere with walking. A recent blow had aggravated it, so as to make walking and standing entirely impossible.

The great toe of the left foot is considerably swollen; its extremity presents a very large fleshy excrescence, like a kind of pad, which covers the nail for more than half its extent. The surface of this fungus is destitute of epidermis, and a purulent exudation appears between it and the nail. The pain becomes intolerable as soon as the patient puts her foot to the ground.

The proposed extirpation of the nail frightening the patient too much, Dr. Alcantara ordered an ointment of equal parts of perchloride of iron and lard, directing it to be used in the following manner: after a local bath, to pass a bit of lint spread with this ointment between the nail and the fleshy excrescence, and also to cover with the ointment the whole surface of the toe which was stripped of its epidermis; this dressing was renewed twice a day. At the end of four days the dried and mummified excrescence came off; soon after the wound became healthy, the flesh was at its proper tint, and every thing was natural. The cure was complete on the eighteenth day, and has since been permanent. P.

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*The Physiological Researches of Dr. Brown-Séquard.* By E. R. Peaslee, A. M., M. D. (Continued from page 264).

Researches on the Nervous System. (Continued.)

VI.—*Differences in the energy of the reflex (diastaltic) function in the different species of the five classes of vertebrata, and at different ages.* It has generally been said that the reflex function is far less energetic in warm-blooded than in cold-blooded animals. This is true, if we compare mammals with the batrachians, as is often done; but not so if we compare birds with the cold-blooded vertebrata, or mammals with fishes. In birds, especially the pigeon, the cock, and the duck, the reflex faculty is more energetic than in the batrachia; and in the mammals it is more powerful than in many fishes, and even in certain reptiles; for example, the lizard.

It is stated that this function is more developed in young than in adult animals. But in case of birds, and the batrachia, the reverse of this is true: while young mammals have it more developed than adults. New-born mammals manifest it, however, in a far less degree than adults.

The main cause of these differences of intensity of the reflex energy, Dr. B-S. finds to be associated with the quantity of gray matter in the spinal cord. The more there is of the latter, the greater is the diastaltic energy.

VII.—*The artificial production of a convulsive affection resembling epilepsy, and the possibility of curing this affection.* Dr. Brown-Séquard discovered that in certain animals every considerable lesion of the spinal cord opposite the last dorsal, or the first lumbar vertebra, is constantly followed, at the end of a variable number of days, by a convulsive epileptiform affection. He has since found that its access may be provoked at will, by pinching the face on the side of the lesion. If both halves of the cord have been injured, both sides of the face manifest the faculty just mentioned. He finds also that this affection ensues in animals whose spinal cord has been completely divided in the lumbar region. In this case, however, the convulsions occur only in the anterior portions of the body.

Dr. Brown-Séquard has frequently cured these animals of their epilepsy by a procedure which has been applied to man by Dr. Eben Watson, by Dr. Horace Green, and once by myself, with success. It is the cauterization of the mucous membrane of the pharynx or the larynx, by a solution of the nitrate of silver. Dr. B-Séquard first introduced this treatment into the practice of medicine. The future must demonstrate its real value. He had, at the time of his report, cured a patient who had had epilepsy forty years, and who had remained cured three years. Three others had experienced a temporary benefit, and then again relapsed into their former condition.

VIII.—*The seat of the faculty of perception. Do cries prove there is perception of pain.* It is one of the greatest questions for the physiologist to determine the seat of perception and volitions. M. Flourens has advanced the opinion that it is in the cerebral lobes. Several physiologists have not precisely adopted this idea, but have maintained that the pons Varolii is, in part, the seat of the faculty of perception and of volition.

Dr. Brown-Séquard's researches show that these physiologists deceived themselves by accepting as positive signs of the perception of pain, and of voluntary action, certain phenomena which may be explained in an entirely different manner. Besides, he found that these phenomena occur even after the entire ablation of the pons Varolii; whence it must follow, if the interpretation which he objects to is accepted, that the medulla oblongata and the spinal cord are, in part, the seat of perception and volition—which is entirely inadmissible.

IX.—*Application of a discovery of E. H. Weber to determine different degrees of anæsthesia and hyperæsthesia.* Dr. B-Séquard found in a great number of patients, mostly in the wards of M. Rayer, that in cases of anæsthesia, the two points of a compass at once were felt

as one only, even when they were very far apart. In some instances, he had thus recognized a commencing anæsthesia before it could be detected by the usual methods. The contrary was true in cases of hyperæsthesia. In a patient suffering from paralysis of voluntary motion, the two points of the compass were felt distinctly on the foot, when only one-fifth of an inch apart; while in the normal condition they cannot both be felt when less than one inch apart.

This method of measuring the sensibility of patients, proposed by Dr. B-Séquard, is now employed by many eminent physicians. In this way we may (1) detect the existence of a very slight anæsthesia or hyperæsthesia; (2) measure precisely the degrees of these affections, and assure ourselves of their daily variations.

X.—*Elevation of temperature after lesions of the nervous system.* Dr. B-Séquard found (1) that the most varied alterations of the nervous system in man, and in animals experimented upon, produced sometimes a diminution, and sometimes an elevation of temperature; (2)that a paralysis, or in other words a dilatation, of the blood vessels always coincides with the local elevation of temperature; (3) that a contraction of the vessels always coincides with a local diminution of temperature. The vascular *paralysis* often co-exists with that of the muscles, and rarely with anæsthesia; most frequently it co-exists with hyperæsthesia. The vascular *contraction* ordinarily co-exists with anæsthesia, and rarely with muscular paralysis alone.

XI.—*Results of the section, and of galvanization of the great sympathetic nerve in the neck.* After M. Claude Bernard had discovered that the division of the great sympathetic in the neck is followed by a dilatation of the blood vessels in the head, Dr. B-Séquard inferred that galvanization of this nerve will be followed by their contraction; and found this to be the fact.

These two facts--dilatation of the vessels after section of their nerve, and their contraction by its excitation—positively demonstrate that the state of the vessels depends on that of their nerve, and are of immense importance in physiology and pathology. In his memoir on the great sympathetic, Dr. B-Séquard adduces several new facts. (1) After death in an animal, whose great sympathetic has been cut on one side of the neck, the motor nerves, and the muscles of the face, and of the eye (including also the iris) retain their vital properties much longer on the side operated upon than on the other. (2) The cadaveric rigidity (rigor mortis) supervenes more slowly on that side of the face than on the sound side. This is also true of the process of putrefaction. Galvanization produces precisely the opposite effect up-

on the vital properties of the muscles, and the nerves of the face, and upon the cadaveric rigidity, and the putrefactive process.

Dr. Brown-Séquard's theory of the effects of the section, and of galvanization of the great sympathetic in the neck, is founded on the fact (1) that the section of a nerve is followed by paralysis of the part it supplies, and (2) that galvanization is followed by augmentation of its action. Thus the first effect of the section of the great sympathetic in the neck is the paralysis of the vessels of the face, and some other parts. The paralyzed vessels no longer resist the impulse communicated to the blood by the heart, but dilate as they admit more of it, and thus the temperature of the part and the vital properties of the surrounding tissues are augmented. On the other hand, galvanism produces contraction of the vessels, and a diminution of their blood, and of the vital properties. He has also proved that all the effects of the section of the great sympathetic in the neck may be produced by determining an afflux of blood to the head of an animal.

Whence come the vascular nerves, which, passing in the trunk of the sympathetic in the neck, are distributed to the vessels of the neck? Dr. B-Séquard's experiments, first published in August, 1852, show that they rise mainly from the spinal cord, in the part called the *cilio spinale* by Budge and Waller. He has since shown that the cilio-spinal zone extends farther than these physiologists supposed—even to the ninth or tenth dorsal vertebra.

XII.—*Relations of the organization of the nerve tubes to their vital properties.* Dr. B-Séquard found that the coagulation of the medulla (white substance of Schwann) of the nerve tubes is not an obstacle to the reception and the transmission of impressions, both motor and sensory. Its liquid condition is not therefore necessary to the existence of the vital properties of the tube. [Since all the finer nerve-fibres are not medullated, it is inferred that the axis-fibre is the part endowed with the vital property, while the medulla merely serves to isolate and to protect the former. The fact above quoted from Dr. B-Séquard goes to confirm these inferences.]

XIII.—*The pathological effects of the division of the nerves of the extremities.* It has been inferred, from the fact that ulcerations and other pathological changes follow the section of the sciatic nerve, that the absence of the nervous influence essentially disturbs nutrition. Unquestionably the nervous system exerts an influence upon nutrition; but the special facts relating to the sciatic have no value.

In frogs, if care be taken to prevent the air from entering the

wound, no pathological effect follows the section of the sciatic, except atrophy.

In mammals, Dr. B-Sequard found that the alterations attributed to the section are merely the result of compression, and the friction of the paralyzed parts upon the ground. This was proved by experiments on rabbits, and other animals, some of which were left at liberty, while others were kept in boxes, with straw and bran on their bottom. In the former, the claws of the paralyzed limbs were lost at the end of fifteen days, the limb itself was swollen, and the tissues becoming exposed were engorged and covered with granulations; and at the end of a month the denuded bones were in a state of necrosis. In the latter none of these changes had occurred. [Compare, also, page 258.]

### 2. Researches on the Muscular System.

I.—*The nutrition of muscles, as modified by the nervous system, by galvanism, by action, and by repose.* (1) Paralyzed muscles may retain their contractility, and not become atrophied, if galvanized daily. (2) Atrophied muscles, having already lost much of their contractility, regained it under the influence of galvanism, and their normal volume, notwithwithstanding the total loss of the nervous influence. (3) Galvanism may completely replace the nervous influence, both in maintaining and establishing the nutrition of the muscles. (4) Hence it is important in many cases of hemiplegia, and other forms of paralysis, to keep the muscles in the normal state by frequent galvanizations; not to remove the cause of paralysis, but to keep the muscles in a state of readiness to respond to motor impressions as soon as the nervous centre regains the power of originating them.

II.—*Recurrent sensibility in muscles; and the cause of pain during their contraction.* Dr. B-Séquard shows that there is in every muscular contraction a cause either of pain, or of a sensation not painful, according to its energy, and that this cause is, probably, a galvanic current. Many physiological and pathological phenomena, hitherto inexplicable, are easily explained upon this admission. Dr. B-Séquard has more particularly investigated the effects of the division of the sphincter ani in cases of fissure of the anus—painful contractions, cramps, uterine pains in abortion, or parturition, and what M. Magendie termed "recurrent sensibility." In regard to the last, he concluded that, as the anterior roots of the spinal nerves are motor, it is clear that they cause the pain on being excited; since they cause violent muscular contraction, and this always causes pain.

III.—*Independence of the vital properties of the muscles and the nerves.*

Muscles paralyzed for eight or ten days by the section of the nerves distributed to them, and which had become rigid from the interruption of their circulation, have regained their irritability under the regenerating influence of arterial blood. Here, since the influence of the nervous centres and the motor nerves is lost, the essential vital property of the muscles is not restored by these parts of the nervous system; and consequently this property does not depend upon them.

Dr. Brown-Séquard regards himself as having first demonstrated the independence of the motor nerves. One of its proofs is the fact, that these nerves, when separated from the centres, and after thus losing their peculiar vital property, may regain it under the influence of the blood.

IV.—*The re-establishment of the muscular irritability in a criminal thirteen hours after death.* (1) Seventeen of the muscles of one hand of a criminal, decapitated more than thirteen hours previously—which had lost their irritability at least two hours before, and had been rigid for an hour and a half—lost their rigidity, and regained their irritability for several hours under the influence of blood injected into the arteries supplying them. (2) One half pound of defibrinated blood restored the irritability to the seventeen muscles above—during two hours to some, and to others for three or four hours. (3) Fibrin is not essential for the nutrition of the muscles, since in these experiments (and in many on animals) the blood injected was defibrinated. (4) The red blood injected into one of the arteries returned darkened in color in the veins and another artery; showing that oxygen was absorbed, and replaced by carbonic acid gas. (5) But blood injected into extremities which have already been rigid fifteen or sixteen hours does not diminish the rigidity; and the blood returns less darkened in color than in the preceding experiment.

V.—*The irritability of paralyzed muscles.* Dr. Brown-Séquard discovered that the irritability of muscle, paralyzed by the division of their nerves, increases, contrary to the common opinion, for a time after the paralysis commences. This is proved in three ways. (1) A galvanic current, so feeble as not to act upon muscles in the normal state, may excite the paralyzed. (2) The amount of contraction of the paralyzed muscles is greater than that of their homologues in the normal state. (3) The duration of the irritability in paralyzed muscles is greater (sometimes double) than that of those in the normal condition. After a variable time (one to three weeks) muscles paralyzed by the section of their nerves begin to lose their irritability, and may lose it entirely.

VI.—*The appearance of the rigor mortis before the heart ceases to*

*beat.* This curious fact, often witnessed by Dr. B-Séquard in animals, and once in man, is a confirmation in the circumstances of the laws of rigor mortis which he has established, and which will be stated further on.

VII.—*Relations of muscular irritability, the rigor mortis, and putrefaction.* These relations, discovered by Dr. B-Séquard, are of the utmost importance in legal medicine. He finds that in all cases when the muscular irritability is energetically called forth many times in the last moments of life, or immediately after death, its duration after death is diminished, the rigor mortis appears sooner, and continues a less time than usual, and the putrefaction supervenes sooner, and advances more rapidly. This is the case with animals killed after excessive muscular exertion, or by poisons, producing convulsions, or by galvanism; as also with man, if death occurs after convulsions; whether these result from disease or from poison.

Thus a body may be found in a state of complete putrefaction exposed to a temperature incapable of producing a rapid decomposition, (from 54° to 66°,) and which, according to competent authorities, would be said to have been deprived of life for several days. But the preceding facts show that death may have occurred only some hours before.

The poisons producing convulsions, and rapidly inducing the rigor mortis and putrefaction, as experimented with by Dr. B-Séquard, were strychnine, picrotoxine, brucine, hydrocyanic acid, morphine, nicotine, cyanuret of mercury, sulphuret of carbon, chloride of barium, and oxalic acid.

The law in regard to the rigor mortis is this: It appears less rapidly, and continues longer, in proportion as the muscular irritability is greater at death; and *vice versa.*

VIII.—*Persistence of life in limbs affected by the rigor mortis.* Dr. Brown-Séquard proved that muscles in a state called the rigor mortis are not actually dead, by the following experiment. He tied the aorta in living mammals, above the renal arteries—the sensibility and voluntary movements ceasing in the posterior extremities in from six minutes to somewhat more than three-quarters of an hour, according to the species and strength of the animal; and the muscular irritability disappearing in from one to nine hours. The rigor mortis commenced immediately after the loss of the irritability, and was established in about twenty-five minutes. After it had continued about a quarter of an hour he removed the ligature from the aorta, the circulation became re-established in the rigid limbs, and at the end of about ten

minutes the muscular irritability, the excitability of the motor nerves, and a little later, the voluntary movements, and the sensibility were restored in nearly their normal degree.

Many other experiments showed that the blood can regenerate the vital properties of muscles and nerves separated from the nervous centres; and Dr. B-Séquard concludes (1) that muscles in the state of rigidity found after death, are not *dead*—still possessing *potential*, if not *actual* life. (2) That in limbs separated from the body the motor nerves, as also the muscles, may regain their essential vital property under the influence of the blood. (3) That limbs which have been for ten minutes (and even longer) in the state of rigidity called the rigor mortis, may under the influence of the blood recover their voluntary movements, and their sensibility. [These experiments, it would seem, settle the question whether the rigor mortis is a *vital* act in the affirmative.]

IX.—*Contractions excited in the skin by galvanism; and the proof of the contractility of the areolar tissue.* Dr. Brown-Séquard discovered in 1849 that the *cutis anserina* can be produced by the application of galvanism to the skin; and that contractions of the dartos are also produced in the same way. He concluded that the former condition is produced in part, at least, by contractions in the areolar tissue under the skin; and quotes in analogy, the fact that the irides of some fishes are contractile, though they contain no muscular fibre-cells. Kölliker had found the latter in the skin; but Dr. B-Séquard inferred that the areolar tissue is contractile, though it does not contain them. [The muscular fibre-cells (smooth muscular fibres) in the skin, are by Eylandt called the "arrectores pili," and seem quite capable of producing the *cutis anserina* by their contraction. The dartos is made up essentially of this kind of muscular fibres also. That the irides of fishes which contract under the influence of galvanism do *not* contain them is extremely improbable; muscular fibres presenting a variety of forms in the lower animals—some of which may possibly be mistaken for the elastic element of the areolar tissue. We therefore do not see the necessity of admitting the contractility of the areolar tissue, except in parts where muscular fibres can be demonstrated; and which are indicated in my work on Histology, p. 388.]

*Report of a case of Gunshot Wound, occurring in Bellevue Hospital, in the service of Dr. James R. Wood, Visiting Surgeon.* By J. M. FARRINGTON, M. D., House Surgeon.

M. W., a young woman, æt. eighteen, was admitted to the hospital at 2 P. M., March 22d, 1858. Two hours previous to admission she attempted to commit suicide with a large revolver, the barrel of which she held close to her chest, and discharged it. She was at this time in a standing position, with no dress upon her, but her chemise. She fell upon the floor of her room, in a state of unconsciousness. Dr. Wood was summoned to attend her, and found her in almost a complete state of collapse.

After making proper inquiries, he began to search for the ball, which he found lodged in the back; he cut down and extracted it. The ball entered $1\frac{1}{4}$ inches to the left of the mesial line of the ensiform cartilage of the sternum, just beneath the last costal cartilage, and $2\frac{1}{4}$ inches distant from the left nipple. She held the pistol in her right hand, and it was slightly directed to the left side when it was discharged. The incision in the back through which the ball was extracted was $2\frac{1}{8}$ inches to the left of the spinous processes, and between the 11th and 12th ribs, being only $\frac{7}{8}$ of an inch farther from the median line, and about 1 inch lower than the anterior opening. Stimulants were administered, and when she began to rally from the shock Dr. Wood directed her to be sent to the hospital. On admission she appeared to be suffering from a severe shock. Her face was blanched, her respiration feeble, frequent and thoracic, and her pulse weak and very frequent. There was tenderness for some distance around the anterior wound. Auscultation revealed nothing abnormal in the thorax. Water dressings were applied to the wounds, and anodynes were freely administered until she was brought under their influence.

*March* 23d. Says she feels pretty well. Tenderness over the abdomen, less marked than it was last evening. She appears more depressed, and has an anxious expression. Pupils contracted from the use of the morphia which has been given as an anodyne. Pulse 118, quick and feeble. Tongue dry and coated.

*P. M.* Tenderness very marked over the abdomen for some considerable distance from the wound. Ordered fomentations to the abdomen, and $\frac{1}{4}$ gr. sulphate of morphia every hour until sleep should be induced.

*March 24th.* Tongue very dry. Tenderness slightly diminished. Bowels have not moved since the injury was received. Ordered an enema of water and soap, which moved the bowels twice. Ordered ℥ss. of the following mixture to be given every three hours:

R.—Vini ipecac, ℥i.
Spts. nitri. dulc. ℥ss.
Spts. mindereri. ℥iiiss.
M.

There was persistent nausea, but no vomiting. Ordered infus. prunus virgin. as an anodyne, and for the local peritonitis continued the morphia.

*P. M.* Says she feels worse. Pulse 120. Tenderness not increased. Warm fomentations still applied. Wounds dry.

*March 25th.* She feels worse, is drowsy and listless. Tenderness not increased: skin is moist; tongue very dry; directed glycerine to be applied to it. Sucking respiration when she attempts to speak.

*P. M.* She feels no better, cheeks flushed; is delirious at times. Ordered the morphia to be continued, and given every hour, unless she should be in a sound sleep.

*March 26th.* Pulse 130, but feeble; ordered wine. Tongue dry. Does not complain of pain, and has no abdominal tenderness. Respiration thoracic. Features somewhat sunken. Ordered ℥ss. of spts. mindereri to be given every two hours, and the tongue touched with glycerine.

*March 27th.* Appears better this morning. Pulse 116. No tenderness. Tongue not so dry as it was. Says she feels no worse. Complains of her throat, it is full of tenacious secretions; made an application to it with a sponge saturated with a solution of nitrate of silver, which gave much relief. Directed the morphia to be continued.

*March 28th.* She is unquestionably better. Tongue less dry. She feels pretty comfortable. Countenance still anxious, and respiration sucking and thoracic. Continued the medicines.

*March 29th.* Is still better. The posterior wound opened three days since, and is discharging a slight amount of pus. Bowels have not moved since the 24th; ordered the enema to be repeated, which brought away a copious fecal stool.

*March 30th.* All her symptoms are better. Ordered poultices to both wounds.

*March 31st.* Improving; tongue is cleaning, and moist. Her catamenia appeared a few days after admission, and to-day there came on a sanguineous discharge per vaginam, but it soon ceased. She also complained of a pain in the left side, but this also gradually subsided.

*April 6th.* Has continued to improve rapidly. She is sitting up to-day. A diarrhœa came on this morning, which was readily controlled by the use of tr. opii et aq. camphor.

*April 8th.* Has sat up a greater part of the time since the 6th. Although still pale and feeble, she is gaining strength and color. She asked for her discharge to-day, and although advised to remain a few days longer as a precaution, she left the hospital. She was enjoined to be very cautious in reference to her diet, and avoid active excercise, or any form of excitement.

*April 22d.* She called at the hospital to-day to report her condition. She says, that a few days after she left the hospital a diarrhœa came on, which was controlled by the use of morphia. She still looks badly, though she has no bad symptoms. She complains of pain running up the left side of the back from the posterior wound to the shoulder. It is proper also to state, that at the time of admission, and for some time thereafter, she was in an excited mental condition, in consequence of a "love affair," which was the cause of this suicidal attempt.

At the time of the occurrence Dr. Wood was of the opinion that the bullet did not pass directly through, as would appear from the site of its entrance and exit, but that it passed around superficially without penetrating any viscus, or injuring the peritoneum. As there followed no echymosis or tenderness of the side between the wounds, Dr. Wood believed that his first opinion was correct, excepting that it passed less superficially than he at first supposed, and that the peritonitis which followed was due to the contusion produced by the pistol being held so close to the body at the time of its discharge.

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## REVIEWS AND BIBLIOGRAPHY.

*The Principle and Practice of Obstetrics, including the treatment of Chronic Inflammation of the Uterus, considered as a frequent cause of Abortion.* By Henry Miller, M. D., Professor of Obstetric Medicine in the Medical Department of the University of Louisville. Philadelphia: Lea & Blanchard. 1858. Pp. 624, 8vo.

Notwithstanding the many excellences of the work before us, we must confess that it has failed to supply the deficiency so long felt in American text-books on Midwifery. Since the time of Dewees, we have not had an entirely original American work brought before the profession, which can be considered as a fair exponent of the views and practice of the majority of American Obstetricians. The wide differences in practice, on many important points, between British and Con-

tinental writers, has, *fortunately*, in our opinion, had the effect in a great measure of making eclectics of that portion of American accoucheurs who are not too closely wedded to the views of either; and there is still, we opine, a wide field open for a text-book on Midwifery, which shall, irrespective of any *personal* opinions, fully set forth the practice and ideas of our Obstetricians. To be sure, but few works of any merit have made their appearance from foreign presses, that have not been re-edited, almost as soon as they have reached us; nevertheless, in nearly all of these, it seems to us as if the sole object on the part of those gentlemen who have taken them in hand, has been to set forth their own views, (which are too often based entirely on speculation,) or reiterate those of certain prominent teachers among us, whose *notions* are already well known to the mass of the profession throughout the country.

Professor Miller is certainly not open to this accusation, as in some of the more important subjects he certainly evinces the merit of originality. His chapters on flooding and abortion are full, able, and satisfactory, and do him infinite credit, although on some points we are not quite as sanguine as himself, with all due deference to his greater age and experience. His opposition to effecting version in cases of placenta previa is strong and vehement. In his introduction he says, "I have never met with an instance of unavoidable flooding in which I deemed it imperatively necessary to deliver by turning. On the contrary, it has always appeared to me that to deliver by the feet when the head of the child presents, is a high-handed measure, not only in flooding, but under any circumstances of parturition, and one which is much more likely to be productive of evil than good, either as to the mother or child." The substitute for this *almost* universal practice, under certain conditions, which Prof. M. proposes, is a modification of a suggestion, the origin of which is alike credited to Mauriceau and Puzos, and consists in "originating expulsive contractions of the uterus by the tampon or plug, and then puncturing the membranes, relying on the tampon to control the flooding until the liquor amnii is evacuated." He claims to have employed it with uniform success *so far as the mother is concerned;* why, may we ask, if the life of the mother is alone to be considered in these cases, is not Prof. Simpson's recommendation of detaching the placenta to be preferred? As regards our author's antagonism to delivering by the feet when the head presents, he has made no allusion to his own mode of treatment in prolapse of the funis, with the head above the brim of the pelvis; in fact he has not alluded to the subject at all. Does he under these circumstances prefer the more diffi-

cult and dangerous alternative of the forceps, to the easier and more safe method of version; for we conceive that Dr. Thomas' suggestions on this topic were not known to Prof. M., at the time of completing this, his second edition.

In describing the mechanism of face presentations, the first step alluded to is *descent*, and it is stated that "descent of the face *to the floor of the pelvis* is the whole of the first step." To this statement we cannot reconcile our views, as we have always regarded *complete* descent, before rotation, as a physical impossibility; hear M. Cazeaux on this point: "It must be evident that the face can only reach the floor of the pelvis in transverse positions, under one of the following conditions; that is, either the chest will engage along with the head in the excavation, or else it will remain above the superior strait, the face descending alone as far as the inferior one; that is to say, the forehead reaching the level of the left, and the chin that of the right tuber ischii (or *vice versa*): but then the neck must *necessarily* elongate enough to measure the whole length of the pelvis, which is three inches and three quarters. But *neither of these two conditions can be realized*; and therefore the head will not be able to reach the pelvic floor." In his article, alluding to the pathology of puerperal convulsions, Dr. Miller, when speaking of Marshall Hall's theory of the excito-motary functions of the spinal marrow, attributes the origin of this fearful complication of labor to morbid irritation, "emanating in *most* instances from the uterus and its annexes," and does not even allude to the direct irritation (centric nervous disturbance) afforded the medulla oblongata, by the toxæmic condition, produced by pressure of the gravid uterus upon the emulgent veins of the kidneys, causing congestion, and, as a consequence, the elimination of albumen, and the absorption of urea. Time, we think, will demonstrate this condition to be the indirect cause of puerperal convulsions in a *majority* of instances.

In referring to the treatment of chronic endo-uteritis, by injections into the cavity of the body of the uterus, as a prophylactic measure against abortion, allusion is made to the exquisite uterine tormina, occasioned when even a weak solution of the nitrate of silver is used, (grs. ij. ad ℥j.) This has been noticed by almost every practitioner engaged to any extent in the treatment of organic uterine disease, and that it is not due, as has been erroneously supposed, to the caustic nature of the injection, we have been able time and again to demonstrate to our own satisfaction; for equally distressing symptoms are produced by the injection of the blandest kinds of fluids: even warm water will under certain circumstances produce all the severe symptoms

that are apt to follow when a solution (weak or strong) of the nitrate of silver is employed.

The difficulties consequent upon making use of fluid injections have in a great measure been obviated by our author, by introducing strips of lint, soaked in whatever medicinal agents he chooses to employ, up into the cavity of the body of the womb; and he has found no inconvenience whatever resulting from this mode of applying medicaments to the uterine cavity; he even claims to have applied the acid nitrate of mercury in this way, without having occasioned any more distress than if it had been used at the cervix. This is confirmatory of the views of Professor Barker, and of our own; for solid materials may with impunity be introduced and allowed to remain; as, for example, the uterine sound and stem pessary. Acting upon this suggestion, Prof. B. has devised an instrument consisting of a tube and piston, working upon the same principle as the ordinary suppository pipe; by means of which medicated ointments of any strength desired are readily and thoroughly applied to the uterine cavity. This we conceive to be a decided improvement upon the fluid caustic holder figured by Professor Miller, (which in fact is nothing more nor less than a probang,) and is not liable to the objection of having its contents squeezed out while passing through the canal of the cervix, and before it reaches the cavity of the body.

There are many other points to which we would be glad to allude, but time and space both forbid.

The work is put forth in handsome style—the printing, paper, and cuts being all that could be desired—and we feel confident will prove a highly valuable addition to the library of any practitioner as a work of reference. As a text-book, however, for the student, we regard it as too meagre in detail, and not sufficiently explicit on many important points.

C. A. B.

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*The New American Cyclopædia; A popular Dictionary of General Knowledge.* Edited by GEORGE RIPLEY and CHARLES A. DANA. Volume I.—A. Araguay. New York: D. Appleton & Co., 1858.

We hail the appearance of this volume with much delight, and can only hope that its successors will equal it in merit and general attractions. The early portion of this century, and the latter portion of the eighteenth, were marked by the appearance of huge, ponderous Encyclopædias, which pretended to collect *all* that was known to man, and present it to him in a condensed form. They were

only to be found in public libraries, or in private collections of those whose wealth justified the expense, or whose literary or scientific pursuits demanded such references. In no sense of the word were they *popular*, and the people, indeed, recoiled from the mere sight of the huge, cumbrous quartos, in which dryness seemed to manifest itself in every line. It was soon impossible to do more, in such a collection, than to present an epitome of the whole range of human knowledge—if the Encyclopædia were to consider this whole range—or to limit the number of subjects, if these were to be treated in full. The latter treatment of an Encyclopædia—"a collection of principal facts, principles, and discoveries in all branches of science, and the arts, digested under proper titles, and arranged in alphabetical order"—evidently does nor carry out the idea involved in the word. Of such a character, however, is the "eighth edition" of the *Encyclopædia Britannica*, now passing through the press. The *Conversation's Lexicon* of Brockhaus, translated under Dr. Frances Lieber's directions, and known to us as the *Encyclopædia Americana*, endeavored to present an epitome of human knowledge in a form adapted to all minds. That this book was successful, its extensive circulation in our own country well proves, and its benefits have been incalculable to those who have consulted its pages.

The editors of the present Cyclopædia have come to their task supported by a corps of able contributors, with the desire to present "a faithful report of the opinions, systems, discoveries, events, actions, and characters that make up the history of the world." The country was in need of just such a book. Information is sought for by every class in society. Few can go to the full treatises on subjects that they are curious about, from want of time, or their inaccessibility. For these the New American Cyclopædia is a great desideratum. We have found that its articles are clearly written, full, comprehensive, and yet brief, and absolutely devoid of prosiness. The editors have presented us some very life-like sketches of living celebrities, with accounts of their writings, &c. This is an innovation on the old system of keeping everything from an Encyclopædia which refers to the living. Often in our studies we are most at a loss for information concerning our contemporaries, and which cannot be obtained without great labor and annoyance. We believe that a biographical sketch of a man *may* be written during his life, without indulgence in fulsome praise or senseless detraction.

Looking through the volume in search of the articles more particularly devoted to medical subjects, we have been amazed at the

vast amount of information collected in so small a space, upon all branches of human knowledge; but we have been glad to find that the very articles we sought were among the best in the volume, for all the qualities which constitute excellence in such an enterprise. Among those appertaining to medicine we can cite the articles headed Absorption, Acclimation, Albumen, Albuminuria, Anæsthetics, Animal Heat, Age, Aliment, &c., all of which will commend themselves to the medical reader for their clearness and precision, and for a conciseness which is yet comprehensive.

We regret, however, that the liberal spirit which in general characterizes the work is not displayed in the article on American antiquities, which falls far short of the elevated standard of the rest of the volume. The writer, besides committing many other errors in his statements, seems to have used the opportunity to laud one author (an eleventh-hour laborer in the field,) to the exclusion of all other American ethnologists. Who would have supposed it possible that a writer in such a work should presume to present a *resumé* of our antiquities, without mentioning the labors and writings of a Drake, an Atwater, a Rafinesque, a Davis, and a Schoolcraft, besides a host of others, who have devoted much time and labor to the subject? And, indeed, in citing the only work upon the subject, which he quotes "Monuments of the Mississippi Valley," a joint work of Davis and Squire, he mentions merely the latter name. Further on, he claims for Mr. Squire the *discovery*, in 1846, of an earthwork in Ohio. He might as well have claimed for him the merit of discovering the territory in the same year.

Several other minor inaccuracies occur, such as the statement with regard to the elevation of the earth embankments near Newark, Ohio, as being some thirty feet, whereas none of them attain more than half that height. The article also repeats the doubts formerly promulgated concerning the Grave Creek tablet—now satisfactorily removed by a paper lately read by Dr. De Hass before the Ethnological Society.

In conclusion, we can only repeat our pleasure at the reception of this volume, and congratulate both editors and publishers on its admirable appearance. We cordially recommend it to our readers as something indispensable to a well-appointed library.

*Pestilential Diseases, and the Laws which govern their Propagation.* A Letter in reply to Inquiries addressed by the Quarantine Commissioners. By ELISHA HARRIS, M. D. Transmitted to the Legislature by the Governor, March 10, 1858. Albany.

The Commissioners appointed by the Legislature for the removal of the Quarantine Station of the Port of New York from its present position, in the discharge of their duties, addressed Dr. Harris for certain information relating to quarantine restrictions and pestilential diseases.

The pamphlet of twenty-three pages, whose title is here prefixed, is the answer to these inquiries. The writer of it, both by experience and study, is peculiarly fitted to give such information as is demanded, and condenses within the limit of these pages much that is valuable and suggestive.

"The small-pox, typhus or ship fever, and yellow fever only," says Dr. Harris, "have ever been, or are likely to be sources of danger to the city and vicinity of New York, by transportation hither from other places."

As regards the first three the "great points to be attained are the perfect ventilation and cleansing of the vessels and their passengers, and the securing of temporary and complete isolation for those processes." The first cannot be propagated beyond the distance of a few hundred feet, and the second cannot be considered a specifically infectious disease where there is an abundance of fresh air constantly supplied, and proper cleanliness is observed.

Although the law of propagation of cholera is still unknown, it apparently disregarding all sanitary cordons, and all quarantine regulations, yet Dr. Harris is of opinion that such regulations are frequently greatly efficacious in preventing the propagation of the Eastern scourge. For this reason he counsels the continuance of quarantine restrictions respecting this disease.

Of yellow fever he speaks more at length. From whence proceed this fever, and what are the means of its propagation? These are still *questio vexata*, and probably always will be; yet as far as New York is concerned, Dr. Harris says, that "the infection of yellow fever has been repeatedly conveyed to the Port of New York by vessels from Southern and West Indian Ports when, and only when, that malady was prevalent in those ports of departure, and no case of that fever has occurred in New York during the present century, except at such times."

And upon the question of the domestic origin he thus observes: "Whatever may or may not have been true respecting the domestic

origin of the earlier epidemics of yellow fever in New York, and whatever may still be true of the possibility of domestic sources of the fever in our midst, we may safely assert that, for the last forty years, yellow fever has occurred in the city and vicinity of New York only as the result of a direct importation of the infection or virus of that fever from Southern ports."

In discussing the various questions of the commission, Dr. Harris briefly gives in this letter, among others, some interesting facts as regards the influence of wind in conveying and ameliorating the violence of yellow fever. He does not doubt that currents of air greatly facilitate its progress; and a strong sea breeze has a marked effect in ameliorating the violence of the fever. Not believing in the contagious character of the disease, nor in its domestic origin, he warmly enters into the consideration of a proper position of a quarantine establishment as the only sure means of guarding New York, and its surrounding cities and villages, from the imported poison of this fever, and closes by giving what he considers to be the essential requisites for a really protective quarantine. D.

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## SELECTIONS.

*Clinical Lecture on Dyspepsia.* Delivered at the Hotel Dieu, by M. TROUSSEAU.

Of the patients at present in the wards of our service, you may every day see some who complain of disordered digestion. You have seen me give trial to various therapeutic means, and perhaps an accusation of empiricism has planted its germ in your minds; but do not deceive yourselves. I have, it is true, been groping my way; but if to some I have prescribed bi-carbonate of soda; to others bi-carbonate of soda, carbonate of magnesia, carbonate of lime, and seltzer water; to others cinchona wine, infusion of quassia, or of nux vomica; and to others again, opium or hydrochloric acid, it is because I would ascertain in what cases one or other of these medicines is more particularly indicated, and more especially useful. This premised, let me now enter into some details, for dyspepsia is a question on which it will be worth while to bestow some pains.

There are circumstances in which the physician, furnished with therapeutic agents, may bring his patients into particular conditions of adjustment, and impress, for instance, on the stomach a co-adaptation necessary to the regularity of its actions. The organism readily ac-

commodates itself to a new impression. Man certainly was not born under the 50th degree of latitude; his body, which is protected neither by hair nor by feathers, unlike the bodies of other animals, shows clearly that it was placed at first by its Creator under a sky so mild as to render unnecessary that clothing which, in our climate, is indispensable to the preservation of life. When the earth became too narrow for him, man directed his steps towards other regions, and thanks to the wonderful aptitude he possesses, after turning his back on equatorial countries, he now lives under the pole. As with these climateric variations, so it has been with his food; from a regimen the most elementary, consisting with the Hindoos of scanty rations of rice, milk, and water, man has at last arrived at the copious table of the nations of the north. Now, what we have said of individuals is just as applicable to the organs.

What is seen occurring in the animal on which there has been practised stomachic fistula? It is only necessary, you know, to introduce into the the stomach a glass tube in order to excite the mucous membrane of that bag, and produce an abundant flow of gastric juice. Under the influence of such irritation—of this impression, which the nerves transmit to the ganglionic nervous centres—there is produced an extra physiological secretion of a perfectly normal fluid. Carry the excitement to a higher degree, produce inflammation, and there is no longer any flow of gastric juice: the fistula now gives exit only to mucus. But such perturbations manifest themselves independently of mechanical irritation. Let a man have fever, and let the febrile state be accompanied with a certain modification of the innervation, and you have suspension of the gastric secretion. M. Cl. Bernard has repeated the experiment a thousand times, by exciting, in his way, fever in animals. Let the stomach be no longer in concert with the cerebral nerves and brain, let the pneumogastric nerve be divided, and the same instant the glands of Lieberkuhn become powerless and inert. If, on the other hand, you touch the ganglia of the trisplanchnic system, that furnish nervous filaments to the stomach, a phenomena of another order arises: the gastric secretion becomes more abundant. The results, therefore, are thus essentially different as the disturbance produced in the nervous system has its seat in the encephalorachidian system, or in the ganglionic system.

We see every day exemplified in man the influence which moral emotions have, if considerable, after a repast; indigestion supervenes just as it would do had the pneumogastric nerve been divided. Long continued mental affections may greatly change the functions of the stomach; hence dyspepsia is frequently occasioned by sadness. Keep these etiological details in remembrance: they may be singularly useful to you in the treatment of an affection sometimes so obstinate, and which will form the subject of several of our conferences.

The stomachic secretion is modified also by local pain and neuralgia. As neuralgia of the eye augments ophthalmic congestion, increases the temperature of the organ, and causes an overflow of tears, so neuralgia of the stomach brings with it analogous effects, and exag-

gerates the acid secretions to such a degree that they occur not only during digestion, but also when digestion is at an end.

Dyspepsia is observed in most persons who experience difficulty in evacuating the bowels. Is constipation a cause or an effect of dyspepsia? This question to me does not seem of easy determination; for you may just as readily suppose an individual may become constipated because his food is too sparing, as that he is constipated because he is dyspeptic.

When you irritate the lower extremity of the large intestine you bring on a diarrhœa that has its source in the ileum. The anal impression thus communicates itself to the small intestine. A very evident proof of the sympathy which connects the rectum with the other parts of the intestinal tube may be seen in the fact that an enema administered after a meal gives rise to indigestion. A suppository, which is never introduced beyond four or five centimetres, very often produces results identical with those caused by the enema. This at least is sufficient to provoke alvine evacuation, at first of the form of the large intestine, then demi-liquid, and containing matters in part from the cœcum or last portions of the small gut. There is then a participation of action, a synergia, by which the whole muscular apparatus of the alimentary canal is preserved in harmony with the large intestine. These considerations conduct you to an explanation of the fact that constipation may cause dyspepsia; the muscular apparatus of the rectum, when this gut is indolent, contracts feebly, the movements of the rest of the tube are weakened, and digestion becomes more difficult. It is the reverse of what takes place in diarrhœa; so much is this the course of things, that with some patients it is only necessary to procure regular evacuations, whether by enemeta or ascending douches, so as to awaken harmonious intestinal action, in order to cure the dyspepsia.

There is a multitude of circumstances in which *colic* pains are taken for *stomachic*. The transverse colon lies, in fact, in the epigastric region, and is found in contiguous relation with the stomach. To that organ the patient invariably refers the pains he feels in this situation—an error into which the physician too, it must be remarked, often falls. Of pains in the hypochondria the same thing may be said; whether they affect the ascending or the descending colon, on account of their proximity to the liver and spleen, they are confounded with hepatic and splenic symptoms.

In constipated individuals, accumulation of fecal matters occurs in the transverse colon, giving rise to a feeling in that part of fulness and distension, which the patient never fails to refer to the stomach, though innocent of the evil. It will not be long ere you are convinced, if you interrogate carefully, that the pains complained of are not coincident with the first digestion, but rather with the time when it is all but accomplished. When you pursue your examination attentively, you discover that such individuals are liable to obstinate constipation, followed often by diarrhœa, with a more or less abundant excretion of mucus, to be recognized by small whitish bands, some-

times mistaken for fragments of tape-worm. Such persons, in the end, have attacks of colitis, and of intestinal neuralgia, and are yet supposed to suffer from affections of the stomach—dyspepsia—but, in its more general sense, dyspepsia in such has no existence. Nevertheless, the attacks of colitis may give rise consecutively to that affection.

Morbid states of the liver occasion painful dyspepsia. The hepatic gland has with the stomach a relation so intimate, and the physiological part it plays is of so great importance to digestion, that it is easy to see how disease of the liver may influence the gastric apparatus, and disturb the course of its action. Hepatic pains, on the other hand, are sometimes mistaken for gastralgic phenomena; but the diagnosis is not difficult. The patient refers all his sufferings to the region of the stomach, but medical investigations show that they extend to the entire right hypochondrium.

The uterus exerts on the stomach an influence not less remarkable; and you know what perturbations are often excited in the stomach by pregnancy, an ordinary symptom of which is vomiting, in some cases quiet incoercible. If you admit the action of the uterus, physiologically modified, on the alimentary canal, you must also admit that the organ of gestation may act in the same manner when it is the subject of pathological lesions; hence the dyspepsias that arise in the course of leucorrhœa and the leading diseases of the generative system. The same, moreover, may be said of diseases of the kidneys, and of other organs.

I thought it would be interesting to speak to you of those dyspeptic states that depend upon distant functional disorders, and organic lesions. These dyspeptic difficulties always recur with increased or diminished activity of the movements and secretions of the stomach; and it is essential to establish the differential characters that distinguish symtomatic or sympathetic affections from such as are idiopathic. For the latter, address yourselves to the stomach; for the former, you will be obliged to have recourse, not only to the distant cause, but also to the momentary morbid phenomena, and the organic lesions. Unless you do this, you will find therapeutics impossible.

At the beginning of the present century gastritis came to overturn all our received notions in pathology. The celebrated chief of physiological medicine, exaggerating the facts he had observed, and in his march retrograding back to Van Helmont, whose archœus sat enthroned in the centre of the epigastrium, pretended to establish an etiological relation between the mucous membrane of the stomach and diseases the most dissimilar and discrepant, and would have inflammation of that tunic to be the source of almost all the phlegmasiæ. You have no doubt heard of the scientific combats that were carried on at that time, and the struggles which that doctrine had to sustain. Broussais, doubtless, went too far; but it must be said, also, that physicians of the present day allow themselves to be led away by a contrary exaggeration when they deny to the mucous membrane of the stomach a capability of becoming inflamed. Why, then, do they admit that inflammation may attack the mucous linings of the nostrils, pharynx,

trachea, bronchi, uterus, vagina, and even that of the intestines? Why, because Broussais abused the subject of gastritis. Would they have the internal coat of the stomach alone exempt? This is just, in fact, what we always do; from one evil we fall into a greater.

In vitium ducit culpæ fuga si caret arte.

Gastritis, then, has an existence, and there are satisfactory reasons why it should. As the chronic state is that in which it is most frequently seen, so also is it sometimes masked; but still it is there, and excites serious disturbance in the process of digestion. Under the influence of this inflammation, the movements of the muscular fibres of the stomach become irregular, and the secretions no longer take place, but in an abnormal manner. Hence you see dyspepsia accompanied by inappetency, and the tongue covered with a salivarial coating; the patient finds his food taste bitter, nausea occurs after meals, and so do inodorous eructations, retchings, and vomiting. Commence your inquiries into the etiology of this form of dyspepsia, and it will not be long ere you discover that the origin of the disease, its symptoms, and physical signs, are all referable to some permanent irritation; to chronic gastritis. There is a variety of dyspepsia, in which bulimia takes the place of inappetency. The patient experiences in his stomach a constant feeling of emptiness. Scarcely has he finished eating ere appetite returns with imperious craving, compelling attention to its factitious wants; eructation, flatulence, and constipation are, in such cases, exceptional phenomena; but diarrhœa is frequent. The reason of this you will soon comprehend. In order that digestion take place physiologically, each of its phases must be accomplished in a given time; but should the stomach contract with too much energy, the alimentary mass is protruded with undue celerity into the duodenum, and before it has acquired a state of elaboration sufficient for fitting it for the second digestion. The intestine thus brought into contact with a foreign body—if I may use the expression—hastens its expulsion, exciting an abnormal state of activity, both in its secretion and contractions. Hence the diarrhœa, and often, also, lientery.

Let us go on to another form of dyspepsia. You will often be consulted by individuals whose stomach, after meals, becomes distended with air to such an extent that the patient has to undo his clothes. You are told that this phenomenon is due to the rapid fermentation of amylaceous food, or else to an abundant production of carbonic acid, the result of fermentation going on in the stomachic bag, analogous to that of wine in a vat. But such is not the way the thing occurs. As Graves has well remarked, if you substitute meat for amylaceous food, the patient taking animal food almost exclusively, gas nevertheless appears, and with the same importunity. Now, would you say in this case, that the gas is a product of fermentation? There is here a peculiar secretion that has nothing to do with digestion of the food. In hysterical women, tympanitis sometimes shows itself in less than ten minutes; the abdomen may be felt enlarging under the hand. Assuredly fermentation will not suffice for the explanation of such a phe-

nomenon. Under the influence of nervous disorders there occurs an exaggerated gaseous secretion, which recalls those other secretions, the lachrymal, salivary, renal, &c., the quantity of which is often extraordinary.

These facts are not without their importance. In fact, if you reason as the chemists do, and consider the stomach a sort of crucible, the excess of carbonic acid which comes from the pretended fermentation you must combat by every sort of means that chemistry affords. Well, I can tell you beforehand, that, if you thus proceed, you will accomplish nothing to the purpose. But, on the other hand, if you pursue the path of the true practitioner, if you prescribe baths, effusions, a few drops of ether, or any other means in which experience has taught you to confide, you will succeed in mastering the symptoms. But on this we shall say more when we come to the treatment.

In certain cases the acids of the stomach are in quantity enormous, and the patient has scarcely finished a meal before he is assailed by eructations in great number, and so acid as to set the teeth on edge. There was lately in the *Salle St. Bernard*, No. 27, a young woman, a prey to sufferings of this kind. When taken with vomiting—it was frequent—and using a copper basin, as they do in all the hospitals, lactate of copper was immediately produced, easily recognized by its green color. The chemists have not been behindhand in endeavors to find out the cause of this acidity. It is a transformation, say they, of glycose into alcohol, and of alcohol into vinegar. Unfortunately, the explanation falls to the ground before the fact that the production of acid is often more abundant when animal food is exclusively used. The contrary, no doubt, takes place in many cases, but can this weaken in any measure the former results? No; the acids of the stomach are not produced by a chymic operation, but are due to a particular secretion. Graves said in 1823, and Berzelius repeated in 1830, that this acidity consists principally of lactic acid, which may be formed in no inconsiderable quantities under the influence of nervous action and excitation peculiar to the mucous membrane of the stomach.

I have now passed in review with you various forms of dyspepsia. But can it be said that in practice you will be able, with as much precision, to seize on all the various shades of the disease? That is often impossible. In order to convey my thoughts I am obliged to reassemble facts, give form to statements, and describe genera and sub-genera, but I express nothing that is absolute. Classification is in natural history a very simple thing, and, to take only an example from botany, vegetable species are distinguished by very well marked differential characters. But the case is by no means the same in nosology. Diseases in general, and the dyspepsias in particular, are far from being always identical with themselves. In their manifestations there is confusion; they are crossed one with another, and rest on data too shifting and unstable for one to attempt here to lay the foundations of a sure classification. Take warning then; and when, in the treatment of some obstinate case, your minds are left to their own resources, be not too ready to accuse therapeutics should success not promptly

follow your efforts; for so you might soon be brought to deny medicine altogether, the worst evil that could befall you in the practice of your art. If, on the contrary, you bear in mind this form of dyspepsia may usurp the attributes of another, and that both may occur simultaneously, then you will not delay having recourse to the mixed treatment I shall presently point out to you. Discouragement will no longer then have any hold on you.

Dyspepsia causes its influence to be felt throughout the whole system: a fact to which M. Bean was the first to direct the attention of practitioners. He has shown that there are very generally in dyspepsia anæsthetic conditions analogous to those seen in many cases of hysteria, insensibility taking possession of an arm, or a hand, or the face. Of our experiments in confirmation of this you have yourselves been witnesses; and you have seen me pinch, prick, and make holes with a needle in certain parts of the skin, without the patient being at all aware of what had been done, while the other parts of the body were perfectly sensible. Nor do the moral and intellectual faculties escape its influence. The difficulties of the stomach, moreover, become a clog upon labor, interfere with the exercise of thought, and prepare the way for hypochondriasis. The various influences which dyspepsia exerts on the general health are attended with the most serious consequences. Thus, disorders of digestion are a cause of imperfect nutrition; and the almost perfect inanition, which results from this state, changes the composition of the blood, and plunges the patient into a state of physiological wretchedness.—*Medical Circular.*

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*Clinical Lecture on the Diagnosis of Idiopathic from Rheumatic Arthritis, and the Pathology of these Diseases.* By E. A. LLOYD, ESQ., F.R.C.S., Surgeon to St. Bartholomew's Hospital.

GENTLEMEN—The subject on which I wish to treat to-day in a "Clinical Lecture," so called, is one on which a good deal of obscurity seems to hang, yet one on which you may be asked to give an opinion very often.

The great object of clinical lectures I believe to be to teach practical therapeutics and diagnosis; some say to teach general surgical principles; but these you will receive in your lectures on "Surgery," and the less of sameness and repetition we have in a school like this the better. The subject of Treatment—that is the corner-stone of all the edifice. I never knew a surgeon to get on properly in after-life who was not *au fait* as to the little details of therapeutics and good general treatment. The great secret of success is to put yourself in the patient's place, and to treat all cases well.

How often do I find old pupils of St. Bartholomew's regretting that they neglected therapeutics? Students are, by the present Examination Boards, encouraged to go to "grinders;" encouraged, indirectly, to make themselves "up" on fixed questions of delicate anato-

my or histology—of no conceivable importance. But therapeutics! how to order the commonest mixture or lotion, or what lotion or mixture is valuable in a specific surgical case, is thought *infra dig.* It is when you have "passed" the College you will find this. "Clinical" lectures are a step in the right direction; but, then, they are only another name for lectures on therapeutics and diagnosis. As such also you should not neglect them if you wish to get on in practice.

The case I propose to speak of to-day is one of what was called "Rheumatic Arthritis," but where we have now reason to see the diagnosis was confused and uncertain for a long time—at least, out of hospital. The poor man told us the disease commenced with a dull, heavy pain of the joint, which led his surgeon in the country to pronounce it "rheumatic;" a dull, heavy pain that prevented him going about his work; he could tell us very little else about it. About the end of August, you remember, I left town, and the patient was then under Dr. McWhinnie's care. The patient was sixty-eight years of age, and the disease had existed fifteen months prior to admission; it was called rheumatism. An abscess formed under the knee-joint, which was discharging pus profusely, the joint was swollen, and some sinuses were observed around it; on passing a probe, I found necrosis of the tibia—in fact, there was a hole in the tibia, with a piece of loose necrosed bone. It was, therefore, very clearly not rheumatic arthritis, but a case, probably, of idiopathic disease of the tibia. The patient's health was not suffering much, there was very little pain. When I again saw him, pus had got into the cavity of the joint, and very fœtid matter was let out, which is always an indication of loose or diseased bones. How the case was mistaken for rheumatism before it came to us, I am not in a position to say.

Well, after this the knee-joint increased again in size, and now severe pain also came on, with signs of a new attack of inflammation. I was obliged to allow exit to more matter; the man then rallied, the fever diminished, but subsequently he had tedious suppuration again, and he sunk. I dwell on this case to-day, as you have all had excellent opportunities of watching it from the time of its admission. We often learn a good deal also that is retained in the mind from errors of diagnosis rather than from plain sailing.

I now show you the diseased parts—and this is what I call practical diagnosis of cases. The man died a few days ago, and we have the knee-joint here well preserved, and full of instruction. There is a cavity posteriorly communicating with that of the knee-joint; the cancellous structure of the head of the lower bone is engaged, and even in the medullary cavity we see here fragments of diseased bone; there is a large cavity, in fact, in the head of the tibia; the articulating surfaces are destroyed, but the condyles of the femur have escaped. Now this is a state, I need not tell you, that we do not find in rheumatism; it explains the great tediousness and intractableness of the case. Some might say, why not try resections, &c.? But mind you, the man was sixty-eight years of age, and worn down by suffering.

Now, the diagnosis of rheumatic diseases of joints is sometimes very

difficult. We have had some cases sent into our surgical wards from medical wards over the way. The fever in these cases was so great that they misled the physcians; but they were cases of acute synovitis of the hip-joint, and immediate relief was obtained by opening the joint—Mr. Gay's method over a case of a woman. She went out of hospital improved, and entirely altered for the better after this operation. It is, of course, a very formidable proceeding, and not to be undertaken too lightly; but in some cases the relief afforded is something wonderful.

In a private case, not long ago, treated by one physician, and then by another, for articular rheumatism—for I do not know how long—I was sent for, and I found it common synovitis with purulent deposit in the joint. This case took two years, but ultimately got well with stiff joint, better perhaps than so-called resections or amputations, and death. I saw at once it had nothing, in fact, to do with rheumatism; it puzzled the two physicians exceedingly. If treated properly at first, all such cases are rendered more amenable to professional skill; this is what I call proper diagnosis, for it is obvious to every one if we form a wrong diagnosis, and use wrong therapeutical agents early, we only confuse the case; and many of these cases, as they reach us in hospital, are sadly confused. In a case at present in "Colston" ward, sent to me also as rheumatism, the disease was thickened periosteum over the os calcis. I divided this, and the patient has gone on well. Now, the treatment of the two diseases is not at all the same; so you will do well to take a note of the differences.

The question you are all this while asking yourselves is, how is rheumatic to be diagnosed from common or idiopathic disease of articulations? In rheumatism it is very rare to find pain in *one* single joint; there is also some history, more or less obscure, of previous rheumatism of various joints, pericarditis, &c., or of some affection probably yielding to rheumatism medicines. Again—rheumatism is very seldom, if ever, complicated with suppuration in or about joints. Rheumatism is also a very common disease.

Now, the disease we are speaking of is a very rare and very tedious disease. In diseased bone there is dull, heavy, protracted pain, without effusion at first, but soon we get effusion of pus. Now, I never saw suppuration in rheumatic disease; on the contrary, the slightest amount of idiopathic synovitis leads very often to suppuration. Again, in pyæmia you may find rapid suppuration into joints and in internal parts, but you can scarcely call them abscesses. In acute idiopathic inflammation, the cases are not so tedious in their previous history, as this form of disease goes through its stages more quickly than chronic rheumatism. If you find "rigors" have set in, you may be almost sure there is suppuration going on, and that it is not rheumatism you have to deal with. Anchylosis is very rare, or entirely unknown in rheumatism; joints get stiff, but there is no true bony anchylosis. In chronic rheumatism of joints, too, the fibrous and synovial tissues are thickened, nay, the cartilage may be removed, but the

ends of the bones do not anchylose—they become polished. How different all this is from strumous disease of joints with anchylosis, so easily brought about, I need not to-day stop to describe.

I believe that opening a diseased knee-joint with pus in it, is not at all the same thing, or so formidable as opening a healthy knee-joint. I have now done it very often. I believe it a good operation. A great deal consists in a good diagnosis of the case.

There are other forms of disease that may be confounded with this "Rheumatic Arthritis;" I mean malignant disease of joints. Here we have the well-known cachexia, attended with quick pulse and pains at night, as well as other diagnostic points to lead us—which time will not now permit me to enter into at any length. Nor must we forget syphilitic and gonorrhœal diseases of joints; in the former, mercury sometimes does good, but I think it does harm in other forms of joint disease. You will merely make the mistake of confounding these diseases with idiopathic forms of inflammation; but you will do well to take care of "splitting on the rock" in your way—rheumatic as compared with idiopathic disease of bones and joints.—*Ibid.*

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## PROCEEDINGS OF SOCIETIES.

*Academy of Medicine.—Obstetric Section.* Dr. BARKER, Chairman; Dr. UNDERHILL, Secretary.

*Feb.* 22. The paper referred to the Section by the Academy, on "Prolapsus of the Funis," by T. Galliard Thomas, M. D., was, on motion, first read. In this excellent paper, Dr. Thomas proposes to effect the reduction by inverting the uterine axis by placing the woman on her hands and knees, in the posture employed by surgeons in operating on the uterus and vagina. He suggests the following rules: 1st. If the cord is detected before the waters have broken, let no manual assistance be offered, but place the woman at once in position, and trust to this for its return to the uterus. 2d. Should the waters have flowed away, and left the cord below the head, place the woman in position, and push it up with the hand if practicable, or with a porte cordon, consisting of a gum elastic catheter, with a tape passed through it: if not so, 3d. Let no manipulations be commenced until the woman be placed in position.

Dr. Blakeman remarked that it was the most common-sense paper he had read for some time, and he wondered the plan suggested had not been thought of before.

Dr. Shanks considered prolapsus as not very common. He had never seen but one case.

Dr. Hubbard had seen six. Dr. Barker had met with eight cases,

and the child was lost in five. In the other three the child was promptly delivered as soon as the prolapse was discovered, by version in one and by the forceps in the other two. He asked Dr. Thomas if the measure proposed by him was applicable, when the accident was discovered in the first stage of labor as well as in the second; in his experience the accident was invariably fatal to the child when it occurred in the first stage of labor. Dr. Thomas replied, that he had expected this inquiry would be made, and that he believed that the plan proposed was equally applicable in both. Dr. Barker said if it should prove so, and he did not see why it should not, it would be one of the most valuable suggestions in practical obstetrics which had originated in this country. After some further discussion as to the influence of atmospheric pressure in producing the result, Dr. Gardner introduced some resolutions highly complimentary to the author, with a recommendation that it be published in the Transactions of the Academy, which were unanimously adopted. There being no Committee ready to report, the members were called upon for reports of cases.

Dr. Shanks then related a case of dysmenorrhea in which he had made use of the vol. tinct. of guiac.

Dr. Hubbard stated that he had used the tinct. guiac, (Dewees' form,) with the addition of a drachm of aqua ammoniæ to every two or three ounces, with success in several cases of dysmenorrhea.

He thought it beneficial only in those cases where there was a rheumatic neuralgia or gouty condition of the womb. He is in the habit of giving a brisk cathartic before its use, and if it should disturb the bowels, a few drops of laudanum may be added to each dose. He gives a drachm three times daily following a meal, commencing its use about two weeks before each catamenial period.

Dr. Barker said that in the first years of his practice, being fully indoctrinated in the ideas of Dewees, he had treated most cases of dysmenorrhea which came under his observation with the volatile tincture of guiacum; but he coincided with Dr. Hubbard in the belief that this remedy was only valuable in those cases where there was decidedly a rheumatic or gouty diathesis. In these cases, which he now believed to constitute but a small proportion of the cases of dysmenorrhea ordinarily meet with, he made use of the following pill before commencing the vol. tinct. of guiac:

℞.—Ext. Colchici Acet.
Pulv. Aloes Soc.
Hydrarg Submur.
Ipecac. aa. gr. x.

M. ft. pil. No. 10.

One pill is to be given every four hours until a decided emetico-cathartic effect is produced. These pills are given about two weeks before the catamenial period, and then the guiac is administered in drachm doses three times a day. But as he before remarked, this form of dysmenorrhea is comparatively rare. The more common form arises, as Dewees long ago supposed, from chronic inflammation of the internal surface, and he had succeeded more frequently in effecting a radical cure by introducing into the cavity of the uterus the following ointment, than by any other plan, viz.:

℞.—Argent Nit. Crys. ʒij.
Ext. Belladon. ʒj.
Ung. Cetacei, ℈ij. M.

Dysmenorrhea resulting from mechanical obstruction was generally radically cured by incising the cervix with Simpson's uterotome. In some cases, the dysmenorrhea was not only radically cured by this measure, but sterility was removed. He (Dr. B.) had latterly been very successful in treating the neuralgic form of dysmenorrhea by the use of the valerianate of ammonia, as follows:

℞.—Ammoniæ Valerianat., ʒiij.
Syr. Tolu, ʒiv. M.

A teaspoonful four times a day, commencing three or four days before the anticipated period. The treatment of that class of cases arising from chronic inflammation of the cervix, is too well understood at the present day to require comment. For the successful treatment of these cases everything depends upon an accurate diagnosis of the predisposing causes. The antecedent history should be carefully inquired into. If the dysmenorrhea had always existed from the first appearance of the menstrual function, it probably was due to mechanical obstruction. If it first appeared after marriage, or a miscarriage, it was probably due to chronic inflammation. The character and exact locality of the pain would also throw a good deal of light on the case. Clinical experience led him to believe that ovarian dysmenorrhea, which Drs. Tyler Smith and Tilt lay so much stress upon, is very rare, and that where it does exist it is generally a secondary affection. There are some cases which he has not succeeded in curing. The best that he can do is to palliate the suffering from each period. One of the best palliatives is the camphor mixture of Dewees. In some cases, where the suffering is very intense, exceeding that of an ordinary labor, chloroform has proved the only effectual resource. One patient has found complete relief from the use of the carbonic acid

gas as a local anæsthetic, but he must say that this is the only case in which it has proved effectual. He has a patient who looks upon pregnancy and lactation as the greatest of blessings. She is the mother of four children, and has menstruated but three times since her marriage, but each of these periods caused more suffering, and required more medical attendance than parturition, and this has always been the case since the first appearance of the function.

Dr. Wooster had found stricture of the canal a *frequent* cause of dysmenorrhea. He dilated the canal with bougies, and then with the common sponge.

Dr. C. A. Budd related a violent case of dysmenorrhea under his care, which had originally consisted in stricture of the internal os of the cervix, and for which the woman had been subjected to a great variety of treatment, both local and general. When the patient first presented herself to his notice, the pain was only observable *during* the time of the menstrual flow. He treated her with the compressed sponge, with the effect of removing the stricture, so that the sound could be readily introduced. Soon after, a sub-acute endo-uteritis ensued, and now the pain is noticed for four or five days *prior* to the eruption of the menses, and is almost entirely relieved when the continual flow becomes thoroughly established.

He inquired whether, in the absence of a physical exploration, a very good presumptive diagnosis might not be made as regards these two forms of dysmenorrhea, viz.: The mechanical and congestive. He was inclined to think that when it depended upon mechanical obstruction, the pain could be referred to contractile efforts of the uterus to expel the effused blood—whereas, in a congested or inflamed state of the organ, the pathological condition was aggravated by the menstrual nisus, and relieved by the physiological depletion.

Dr. Gardner then reported the following case: He was called to see Mrs. C——, East 20th Street, under the care of Dr. Bishop. She was the mother of numerous children, and the youngest some two years old. She had been slowly flowing for some weeks, commencing without apparent cause and without previous symptom. When he saw her she was much blanched, labor pains had supervened upon this flow, the whole abdomen was tender, pulse rapid, an intense fetor filling the apartment, and her situation evidently precarious.

On making vaginal examination, the os, hard and unyielding, although the douche had been resorted to several hours previously, barely admitted the finger; nevertheless, he managed to pass the finger around and brought away a putrid mass, the embryo fœtus. In so

doing, a firm tumor was discovered, with a large pedicle suspended from the posterior and left lateral portion of the uterus. Chloroform was then administered to relieve the great pain of this manipulation, and advantage was taken of a very slight dilatation effected by it, and especially by the suspension of uterine action, to pass a polypus forceps through the os, and to attempt to seize this tumor. Owing to the smallness of the space to which the operation was limited, it was found to be a matter of too much difficulty, if not danger to the woman in her weak condition, to make any great effort at extraction. A small portion of its flat edge, however, was brought away, showing plainly its fibrinous character, and further action was suspended until the patient's strength was restored. The inflammatory action of the peritoneal surface soon subsided and the patient very shortly mended. Pyæmic abscesses appeared in many places, one rupturing into the rectum, and one into the stomach.

At the present time, two months subsequent to the delivery, she is about the room, although very weak. She has had much vomiting from sympathetic irritation of the uterus, so that she has scarcely been able to keep down any nourishment. It was not allayed by Prussic acid, chloroform internally, chalybeates or effervescents. It is now limited to her rising from the bed and her lying down.

It is proposed, as soon as she is sufficiently restored as to be prudent, to dilate the uterus by colpeurysis and with the sponge tent, and then to remove the remaining tumor, the source of her stomachic disturbance, in such manner as may be deemed expedient when its size and condition shall be thoroughly explored.

The Section then voted that the subject for discussion at the next meeting should be "on the comparative use of the Forceps and version."

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## EDITORIAL AND MISCELLANEOUS.

The French Medical Journals have a department which is devoted to the discussion of lighter topics than those which somewhat unwisely are supposed to be the necessary heavy articles of professional publications, just as if a little wit or sarcasm was not, occasionally, as good to open the eyes of doctors to some of their faults, as it is when used for others. The MONTHLY has sometimes indulged in the same freedom, and will continue to do so. But for the present, finding some-

thing so admirable in successive numbers of *L'Union Medicale* that we translate it for our pages, we beg to say to any one whose toes may be trod upon, that it is calculated for the meridian of Paris, as the astronomers say, though it will answer as well for this country. This is the first instalment of

*Dr. Simple's Journal.*

January 1st. My reputation is evidently increasing. Yesterday, believing that there had been a mistake made, I carried back to M. P——, bandage maker, a magnificent almanac I had received under cover of an envelope. M. P—— would not receive it back; in the most polite manner he requested me to retain it as a mark of respect he was happy to pay to Dr. Simple, and other very flattering things. If any of your patients should require my services, I hope you will not forget me, added M. P——. I shall not easily forget such an agreeable man.

I have spent most of the day in enveloping, addressing, and prepaying one hundred and seventy-three visiting cards, the most of which were sent to me by persons I do not yet know, but who have undoubtedly been attracted by my name. That is very flattering! And my friend Benoit was opposed to my establishing myself in Paris! Those provincials have very narrow views. Would I have received at Tartas the cards from twelve apothecaries, eighteen dentists, from M. F——, Chevalier of the Legion of Honor, and founder of the manufacture of elastic stockings for varices; from MM. B——, P——, C——, &c., bandage makers; from MM. d'E—— and F——, dealers in mineral waters; from M. Popelin, Sr. (oil merchant); from M. A. Damoisean, formerly furnisher (of what?) to the Prince Royal, and a host of other persons more or less remarkable? I hastened to return my own card to these distinguished representatives of science, industry, and commerce.

January 2d. One of my best patients, a rich and distinguished man, has a tumor upon the back of his neck, in the diagnosis of which I desired to have the advice of a surgeon. Day before yesterday Dr. X——, called in by himself, made a brilliant dissertation, which captivated my patient of the Rue Duphot. My learned confrere is so conscientious that this morning, upon leaving his hospital, he desired to visit my patient again, to assure himself that he had made a correct diagnosis. I found my patient touched by this visit, which he took pains to speak to me about.

January 3d. Just as I was going out this morning, I received the following note from my patient of the Rue Duphot:

"My dear Dr. Simple—My disease being surgical, and requiring an exclusively surgical treatment, I have desired Dr. X——, who you had the kindness to introduce to me, and who has accepted to take charge of the case. Under any other circumstances, for myself, or my family, I should have recourse to your good counsel. Yours, &c.,

Z."

My friend Benoit, to whom I confided this affair, is obstinate in maintaining that the course pursued by this surgeon was not delicate. Prejudice of the country.

January 4. I have made out to-day the amount of my accounts which have not been paid for 1857. I shall send out to-morrow my servant with the bills, which amount to the sum of 1,785 francs. I reserved this to pay my rent and some other expenses. Benoit, who is always in fear, says that I would do well to guard against these by some other means.

January 5. Frances, my servant, has returned furious; she brings back 63 francs and a half. They all desired her to come again, because the expenses of New Year's Day had emptied their purses. This reason is plausible, but Benoit advises me, this year, to send Frances before the last of the year.

January 6th. My friends of the faubourg St. Denis have invited me to *tirer les Rois*. I drew the bean, and custom requires that I should return the invitation. There was an old woman there who entertained me the whole evening with her catarrh. She did not cease till I had written her a prescription in due form. As she sees a great many people she may be of use to me. She has already spoken to me of a great many people to whom she desires to recommend me. It is well not to neglect anything.

Benoit, who often makes use of very trivial expressions, says that I allowed myself to be cheated out of a visit. What language!

January 7th. The old lady of last night has had the kindness to write to me the following note :

"My good Doctor—You are so charitable that I have no hesitation in recommending to your kind care an honest, but poor family, of which the father, mother, and an infant are at this moment very sick. The Curè of——, to whom I have spoken of you, will be very thankful for your kindness towards the family of C——, who live in the Rue de Charonne, No. 198, in whom he takes, as do I, a very great interest. If you should, in your visits, pass near them, have the kindness to call upon them in their seventh story. You will do a good work."

From the Place Laborde, where I live, my visits assuredly do not carry me to the Rue Charonne. I took a carriage and went there. (Two hours at 2½ francs, and fee to the coachman 5 francs.)

I wrote to the Curè that I would see those poor people once a week, but that a little soup, some good wine, some wood, and some coal would greatly accelerate the effects of the treatment.

It is at all events a good thing to gain the respect of the Curè of——.

Benoit, who is a censurer, pretends that there are in Paris a great many charitable persons who perform their charities over the shoulders of physicians. What villainous ideas!

January 8th. The good Baroness d'U—— has two physicians; one for herself, that is I; the other for her parrot. To her own physician

she will only give three francs a visit. It is an old custom, she says, and although I have discreetly remarked to her that the price of everything has increased in latter years, she nevertheless will not augment the fee. How much does she allow to the physician of her parrot? Yesterday I did not know; I do to-day.

I was called to see her this morning, and prescribed for the reigning epidemic with which she is attacked, when a great person arrived, very well dressed, of a serious air, whom the baroness received with much favor.

"I desired you to call to see my poor Coco," she said; "for two days has been much depressed, has lost his appetite, and has a considerable diarrhœa."

The man of art palpated the animal, examined him with attention, and declared that he was afflicted with inflammation of the bowels. He prescribed some enemas, and left after having received—I am ashamed to say it—a five franc piece. But that is not all.

"Ah! mon Dieu! Doctor, I have forgotten something," said the baroness; "run after M. X——, and inquire if it is necessary to keep the stools?"

I acknowledge that for a moment I hesitated to perform this singular commission, but the baroness was so supplicating, that without reflecting further, I ran, and from the top of the stairway cried out in a serious tone, "Monsieur, Monsieur, is it necessary to keep the stools?"

"Certainly, certainly," replied, with equal firmness, my confrere in medicine.

Benoit, who finds fault with everything, blames me very much for this condescension. These country people know nothing of the exigencies of advanced civilization.

January 9th. The baroness has promised to get me admitted to the Society for the Protection of Animals. I am rejoiced.

January 10th. I have become an important person. The director of an important medical journal has signified, by a messenger, that he greatly desired to see my name amongst his list of subscribers, among whom were all the French and foreign medical celebrities. I could not refuse to accept this evidence of consideration; I should not have received such attention at Tartas.

Benoit is decidedly too familiar. He says I was an ass to have accepted the receipt, for if I had bargained, I could have received the journal for half price. How can any one advise such a course?

January 11th. In preparing the treatise in which I am engaged, and which is destined to open to me the doors of many learned societies, it is necessary for me to re-read the work of M. Chomel on General Pathology. I went to the neighborhood of the medical school, entered a bookstore, and inquired for the book.

"We have not *that one*," replied the bookseller, "but we have something more complete, newer, a superior work, which everybody buys—two magnificent volumes, as you see."

And, in fact, I saw the treatise on General Pathology by M. Monneret. I permitted myself to be convinced, and bought it.

Still, I desired Chomel, and went into an adjoining bookstore.

"Oh! sir, that book is very old," I was told. "Since Bouchut has appeared Chomel is no longer sold. Look at this superb volume."

And I received in my hands an enormous octavo. I thought upon the fine effect it would have in my library, so I bought the General Pathology of Bouchut.

Still, I desired to get Chomel, and for that purpose I went into the bookstore opposite.

"We do not keep that article," said this bookseller, "but if I can advise you, I would take the General Pathology of M. Beyrau, which is the most recent resumé, and the best of all the works upon this subject."

This eulogy pleased me, and I added Beyrau to my other purchases. Nevertheless, I did not forget Chomel, and I went on still further to get it.

Here, on account of the bundle of books I had under my arm, they took me for a clerk of a bookstore, and to my question the bookseller replies:

"How many copies?"

"One," said I.

"In order to have a right to the thirteenth, it is necessary to take the dozen immediately."

Believe me, I showed some spirit in replying that I preferred to take the thirteenth, without the dozen.

This bookseller has spoken so highly in praise of the work, of the rapidity with which this new edition is sold, that I am very glad to be obliged to read it again so soon, for in a few days, perhaps, I should not be able to procure a copy.

What a wonderful city Paris is? I go out to buy a volume, and bring back five. These booksellers have such entertaining manners.

This devil of a Benoit, who takes such care to see the evil side of everything, says, "he understands very well why the publishers of Monneret, Bouchut, and Beyrau would not sell me Chomel, and why on the contrary the publisher of the last wishes to sell me a dozen." Is not this skepticism very much misplaced?

January 12th. A learned apothecary of my neighborhood has honored me, by recommending to my medical observation some pills which he has compounded, the first use of which he desires to give me. He says they are excellent for the prevailing influenza, quieting the cough, and all the severe symptoms. To return this attention I shall send all my patients afflicted with influenza to the apothecary X——.

January 13th. It is very odd! all my influenza patients, who have taken the pills of the apothecary X——, complain that he sells them very high, and that they calm absolutely nothing.

14th. Benoit arrived this morning, and made a scene.

"How is this, Simple? you advertised, and upon the 4th page!"

"I do not understand you."

"Then read here."

INFLUENZA.—*The most celebrated physicians of Paris, and among*

*others Dr. Simple*, prescribe *with success the Soothing Pills* of the apothecary X——, No.— —— Street.

"I have not consented to this announcement."

"You will deny it immediately?"

"Certainly."

I reflect a moment, and I believe the best way is to write a polite note to the apothecary, desiring him to say, that it is through error he introduced my name in his announcement.

January 15th. I received the following note from the apothecary:

"Doctor—There is no error in the announcement to which you have called my attention. I hold, at the disposition of whoever may wish to inform himself upon the subject, *eight* prescriptions signed by you, in which you prescribe my pills. I have, therefore, announced nothing contrary to the truth, and I have nothing to rectify.

Yours, &c."

How shall I get out of this? My old friend Benoit has gone to the country for two days. I will write to the Union Medicale.

—The University of Buffalo conferred the degree of Doctor of Medicine upon nine young gentlemen at its recent commencement. Prof. Sanford B. Hunt has resigned his chair of General and Descriptive Anatomy in this institution, and Dr. A. W. Nichols, formerly Demonstrator of Anatomy, has been appointed lecturer, and will occupy his chair this year. The May number of the Buffalo Medical Journal, published in advance of date, also announces that Prof. Hunt has left the medical profession, having entered upon the duties of a newspaper editor, and does not attempt to ride two horses at the same time. We shall miss Dr. Hunt's editorials, which, notwithstanding what he says of his contributions, have largely added to the interest of his journal; but wish him good luck in his new vocation. His successor is Dr. Austin Flint, Jr., a tried and capable man, worthy of the name he inherits.

—The Academy of Medicine at its April session elected its delegates to the American Medical Association. The reports of the various sections were read and accepted, after which Dr. Morris read a memorial of Dr. F. U. Johnston, recently deceased. Dr. A. K. Gardiner read a paper "on the os and cervix uteri in their obstetric relations," which was listened to with attention, and will, without doubt, be soon given to the profession. We are glad to see that the Academy have been able to publish Dr. Thomas' paper, but beg leave to suggest that it would look as well to publish some that have been on file much longer with the order of publication. An inflexible impartiality in such matters is to be expected from the committee who control the printing.

—The annual commencement of the New York Medical College took place on Tuesday evening, March 2d. The Degree of M. D. was conferred on thirty-three graduates. Three Honorary Degrees were given to Gonzalo Jorrin, M.D., Cuba, Professor Vincente A. De Castro, M.D., Cuba, and Dr. J. H. Bailey, U. S. A. Professor B. Fordyce Barker delivered the valedictory address to the graduating class.

At the New York University the Medical Department celebrated its annual commencement on the 10th March. There were one hundred and twenty-seven graduates. Prof. G. S. Bedford gave the address to the class.

The commencement of the New York College of Physicians and Surgeons was held on the 11th March. There were fifty-three graduates. Prof. C. R. Gilman delivered the valedictory address.

The Jefferson Medical College, Philadelphia, conferred the Degree of M. D. on two hundred and nine graduates at its commencement, held March 9.

The Medical College of Ohio, at Cincinnati, graduated forty-three young gentlemen March 2. The address to the class was given by the President of the Trustees, Hon. J. P. Foote.

The University of Michigan graduated, March 20, twenty-seven candidates for the Degree of M. D.

The Medical Department of the University of Nashville graduated one hundred and nine of its class.

The University of Pennsylvania had one hundred and forty-five graduates, and the Pennsylvania Medical College thirty-five.

At the commence of the Medical College of Georgia there were sixty-one graduates.

The New Orleans School of Medicine graduated thirty-three.

—The American Medical Association will meet at Washington the fourth of May, and we trust the meeting will be profitable. There are threatenings of action in Dr. Reese's matter, but we trust too much time will not be lost in the discussion of such a subject. This body owes it to the profession of the country to make its transactions more creditable professionally.

—To our exchanges we must say, that those out west, as at Columbus, Ohio, and St. Louis, which have a way of copying from the MONTHLY without credit, are requested to be more careful. The N. Y. Journal of Medicine, and Dr. Bryan's Journal, Philadelphia, do not reach us, and we shall be compelled to strike them from our list if they do not make their appearance before long.

—The Compound Syrup of the Hypophosphites, a formula for which is given in another part of the MONTHLY, has been prepared by Hegeman & Co., of this city, and is the pleasantest preparation of the hypophosphites we have seen. The syrup of the hypophosphates or chemical food, which has been so universally used, has a pungent acid taste, which is not present in the syrup of the hypophosphites. If the latter salts have, as it has been stated, a superiority over the phosphates, the present combination will be found a most desirable one.

—Queru's cod liver oil jelly, advertised with us, is to many a much more palatable way of taking this oil than any other, and should be tried. Another preparation of a like nature is the jelly of oil of ethal. This substance, which is in fact the head matter of the sperm whale, has been proposed as a substitute for the cod liver oil, and used to some extent in this city. Our own experience with it, though quite limited, has not been satisfactory. This jelly, however, is very palatable, although it contains 85 per cent. of oil.

—The vacancy, created by the resignation of Prof. Frick, in the chair of Materia Medica in the Maryland College of Pharmacy, has been filled by the election of Dr. Francis Donalson. The chairs of Chemistry and Pharmacy are still occupied by Professors Lewis H. Steiner and Israel J. Grahame.

*The Importance of Physical Education.*—The importance of *physical* education must be quite clear, when both Pythagoras and Mr. Gladstone recommend it. Mr. Gladstone, in his speech at the anniversary of the foundation of the Liverpool Collegiate Institution, stands up for this valuable principle. "There still remains," he says, "in some quarters a vulgar notion, that there is a natural antagonism between corporeal and mental excellence. I trust that corporeal education will never be forgotten; that the pursuits of manly sports will always receive the encouragement, not only of the boys who engage in them, but of the masters who are responsible for the welfare of those boys." One of the *aurea dicta* of the great philosopher just mentioned, we believe, recommends the same principle of care for the body. It was, indeed, a great point in ancient philosophy, the value it attached to the body, and the training of it, the preservation of its health, strength, and all its proper powers. Ancient philosophy did not despise the body, did not regard it as a mere husk, or outside of human nature, or treat it as a despicable and absolutely vile thing; it regarded the body as a true part of human nature, deserving of proper deference, for the failure of which it was sure to retaliate fearfully upon the whole man. Hence the gymnastics of the Greeks, which were not only fostered by the boxers and wrestlers, the drill-sergeants and corporals of that day, but went on under the solemn sanction of sages. There is a distinction between the tone of ancient and modern thought

on this subject, and the ancient has certainly an advantage over the modern on this particular point—at least, over the modern before the latest improvements. It has been too much the fashion with us to decry the body, to talk it down, to speak scornfully of it in every possible way, to be always comparing it with the mind for the sole purpose of showing how vile and worthless it is in comparison—a mode of speaking which, even if it is true abstractedly, may be indulged in such a degree as to involve a practical untruth. Our didactic books have been full of the praises of midnight oil, all our oracles of learning have been vehement in favor of unsparing study, and the mind has been subjected to the most acute stimulants, while the body has been left to take care of itself as it can. Of course, the great mass of our school and university youth takes the law into its own hands under these circumstances, and adopts very effective measures against being goaded to suicidal study; but a certain proportion have responded to the whip, and responded but too eagerly. These have been the tactics, we say, of our modern masters of the schools, and encouragers of learning—an unsparing use of the goad, a merciless appeal to student ambition and emulation, as if it was impossible to stir up these motives too deeply. But how one-sided is a discipline which applies this powerful, sharp, and penetrating stimulus of the mind, while it leaves the body to itself, or rather, what is worse, suppresses and flings aside the claims of the body, which has to fare as it can under the exclusive and oppressive dominion of its rival! How partial is such a system, and superficial because partial. After all our sublime abuse of the body, a body man has, and that body is part of himself; and if he is not fair to it, he will himself be the sufferer—not the corporeal man only, but the intellectual man as well. Particular capacities may receive even a monstrous development by the use of an exclusive stimulus, but the reason and judgment of man as a whole must be injured if one integral part of him is diseased. If the body is thoroughly out of condition, the mind will suffer; it may show a morbid enlargement of one or other faculty of it, but the directing principle—that which alone can apply any faculty or knowledge to a good purpose, can regulate its use and check its extravagances—is weakened and reduced. How miserable is the spectacle of morbid learning, with its buried hoards, and its voracious, insatiable appetite for acquisitions, united with the judgment of a child! Such study does, in sport, leave men children to all intents and purposes. We see children with remarkable memories and acquisitive powers, who know as much history, philosophy, and poetry as would make a learned man, but who are not a bit the nearer being men in consequence, because they simply know by rote what they know—they do not understand their own knowledge. This is to a considerable extent the case with all morbid learning, where the general intelligence has not been cultivated—which general intelligence depends on the soundness and health of the whole man, body and mind too.

The picture of a Kirke White dying at the age of 21 of noctural study, wet towels round heated temples, want of sleep, want of exer-

cise, want of air, want of everything which nature intended for the body, is not only melancholy because it is connected with an early death; it is melancholy also on account of the certain effect which would have followed such a course unchecked if he had lived. We see, when we look down the vista of such a life, an enfeebled and a prostrated man, very fit to be made a lion of, like a clever child, and to be patted on the head by patrons and patronesses of genius, without the proper intellect and judgment of a man. How sad even is the spectacle of that giant of German learning, Neander, lying his whole length on the floor among his books, absorbing recondite matter till the stupor of repletion comes over him, forgetful of time and place, not knowing where he is, on earth or in the moon, led like a child by his sister to his lecture room when the lecture hour came, and led away home again when it is over! Is this humanity, we ask, as Providence designed us to be? Is it legitimate, rational human nature? It can hardly be called so. It is against such an exhibition of human nature as this, which ancient philosophy very properly stigmatized in its precepts about the care due to the body, that Mr. Gladstone has just read a lesson to the Liverpool Institution. It is a very simple, but very weighty rule. We must not let the mind feed itself by the ruin of the body. The mind has no right to this indulgence, this dissipation, and whole length abandonment to its cravings, any more than the body has to sensual indulgence. This mental dram, the noxious stimulant which produces this overgrowth of mind, is as contrary to nature as the coarser stimulant which unduly excites the body. The mind should be a good, strong, healthy feeder, but not a glutton. We have no right to despise the body, or to speak of it only and exclusively as something which is vile in comparison with the mind. This language will lead astray. It will make ardent, ambitious, student youth neglect health, and abandon themselves to the process of acquisition at the cost of body, and ultimately of mind too. Do not use too unsparingly the motive ambition in dealing with youth. It is a motive which is perfectly honest and natural within proper limits, but when pushed to excess, it produces a feeble, sickly, unmanly growth of character; it creates that whole brood of fantastic theorists, sentimentalists, and speculators, which, in art, science, and theology alike, are the seducers and the corrupters of mankind.—*London Times.*

—Dr. Robert Nelson gives in the Lancet the following description of a *New Speculum Vaginæ:*

"It consists of a *potence,* movable handles, and removable blades, and is to be used with the handle upward, and not downward, as that of Madame Bolvin.

"The left pillar of the potence is a fixture to the upper bar, flat on each side, and a quick thread, chased on the upper and lower side, to which a milled nut is adapted. The right pillar fits to, and rides easily on, the bar, so that by a few turns of the nut the pillars can be separated to any extent of distension that the vulna is capable of; after which, by pressing the horns of the handle together, the uterine ends of the blades are made to expand to the full extent of the fundus of

the vagina, rendering it tense, if needed for cutting. The vulvar extremity admits of insinuating the finger and instrument during an operation, and their free movement in any direction, deeply as to the os tincæ, or as superficially as to the nearest part of the vagina. There is room for the assistant to seize with a forceps and hold any part without embarrassing the operator by the presence of his hand, one working between the blades above, and the other below.

"The best shape for the bladder is quite flat, with the edges slightly bent inward. It must be made of steel, very thin, and electro-plated. Spare blades of various sizes, breadth, or length, and of any shape, to suit a particular case, may be added."

—Mr. Wilde gives some *Aphorisms and Observations upon certain Diseases of the Organs of Sight*. These observations refer to treatment. After a strong recommendation of fomentations medicated in various ways, Mr. Wilde says of lotions:

"One of the best lotions I know of, in cases of accident or after operation, is cold water, iced, if more agreeable to the patient's feelings; but, to be effective, it must be applied with a single layer, or two folds at most, of fine old linen or cambric, so that evaporation may proceed with facility, and such cloths should be removed whenever they begin to become hot or dry, which will much depend upon the heat of the parts upon which they are applied, and the temperature of the surrounding atmosphere. In such cases the difficulty consists in having the directions carefully followed up; for, on coming to visit the patient, we constantly find a quarter of a pound of lint or a folded pocket handkerchief, steaming hot, placed upon the affected organ. This need not be wondered at, when a recent work on ophthalmic medicine recommends the application to be made by 'means of compresses!' Another mode of applying the fluid, formerly much in use, was the eye-glass, and it is still recommended by some physicians. Although this was anything but a pleasant, and very often proved to be an injurious remedy, from the pressure it exercised on the inflamed globe, and the irritation which the stimulating fluid produces when coming in contact with so large a surface of the conjunctiva, yet it fulfilled the intention of the practitioner; for the eyelids being opened while the glass was inverted over them, and the head thrown back, the fluid absolutely came in contact with the conjunctiva and cornea, whereas now the lotion only touches the skin of the eylids. Most vegetable and mineral astringents, as well as sedatives and narcotics, are employed by the ophthalmic prescriber, in collyria or eye-washes; for example, the preparations of opium, prussic acid, laurel-water, zinc, alum, lead, copper, and tannia; Minderus' spirit, infusions of hops, green tea, or other vegetable astringents, and rose, elder, or orange-flower water are the generally vehicles employed. One of the injurious consequences of eye-washes, and one that has, notwithstanding all which has been written upon the subject, been but little attended to, is, that certain salts, particularly those of lead and alum, deposit themselves on the cornea, not merely in the pit of the ulcer, but where there is the slightest abrasion of its conjunctival surface. Spirit and water is also a useful application; but

neither dropped into eye nor used as a lotion have I seen much benefit derived from a solution of bichloride of mercury.

"The various holy wells in Ireland, to many of which pilgrimages were made from great distances, especially on their patron saint's days, in former years were all more or less celebrated for the cure of sore eyes. Indeed, whatever good they did beyond that effected by the faith in their virtues was in ophthalmic cases. Take, for instance, a case of strumous ophthalmia in a young, or chronic opthalmia in an old person, who travels thirty or forty miles on foot, buoyed up by accounts of cures, said to have been effected at these popular watering places; and arriving there imbued with the most implicit faith in their efficacy, bathing the eyes continually with the cold clear spring, need we wonder at improvement following this most useful application, together with change of air and hope? Are not cures of other diseases among the upper classes effected through similar agency, although with more parade? but the poor Irish are sneered at, because their water cure is denominated 'superstition.'

"I have not found chloroform either in lotion or vapors effective in cases of photophobia; but latterly this symptom of disease has among all ranks of society lessened very much."

Poultices he does not recommend.

*Collodion as an Erector of Flat, Undeveloped Nipples.*—By coating the vicinity of the nipple, in a circle of an inch and a half wide, with collodion, the compression effected during the contraction of this adhesive material will cause the nipple to be protruded sufficiently to allow of convenient nursing, when otherwise it would be entirely impracticable. There should be a space of half an inch of the areola around and near the nipple left uncovered by the collodion. It is well known that if the nipple can be drawn until the tumefaction of the mamma somewhat subsides, there will be no further trouble, and it is believed this simple means will often relieve us of much anxiety upon this score.—E. K., *Med. Zeitung Russlands.*

*Valerianate of Ammonia for Epilepsy.*—In Salpetriere and the Bicetre at Paris, the following formula has been much used in epilepsy for years:

| | |
|---|---|
| ℞.—Aqua distill., | pts., 95 |
| Acid valerian, | " 3 |
| Sub-carb. ammon., Q. S., ad. neutralis acid adde. | |
| Ext. alcoholic valerian, | pts., 2 |

Mix. Dose, teaspoonful three times a day.—*Revue Medico-Chirurgicale.*

*Glysters of Alum for Dysentery, by Dr. Hamon.*—In two epidemics of dysentery the author has used alum very profitably. To children under ten years of age, he gives injections containing—owing to the difference in age—from 15 to 45 grains in solution. To grown persons, he administered from 60 to 120 grains at one injection. The patient should remain perfectly quiet on the abdomen or right side after receiving the glister, and retain it as long as possible. The alum is

astringent, irritant, and disinfectant in its action. The offensive and putrid evacuations become entirely odorless after a few such injections.

When the disease is in its earliest stages, a few injections he found to be enough to effect a cure, and it was always beneficial. In one parish, in which there were thirty-five patients, all recovered; and in another of forty, only two died, and they were quite old people.—*Schmidt's Jahrbucher.*

*Belladonna for Incontinence of Urine.*—A female child, nine months old, had been affected with incontinence of urine from birth. The urine continued constantly to dribble away, and the clothes of the little patient wet with this irritating secretion.

The urine was clear, slightly acid, and without any abnormal sediment. The patient commenced 10th February, 1857, 1-24th of a grain of extract of belladonna, three times a day, and gradually increased it, until March 12th, when she was taking 1-12th grain, and so continued up to 26th of May, when she was so much better, that sometimes three or four nights would pass without her passing water during the whole night. Iron was now added to the belladonna, and the recovery henceforth was so complete, that the patient had complete control of the discharge; but it was necessary to continue the remedies much longer, before the irritability of the bladder was subdued, as it yet returned so soon as the belladonna was withdrawn.—*Schmidt's Jahrbucher.*

*Expulsion of a Uterine Polypus, under the conjoint influence of Ergot and Belladonna, by Dr. Bezencenet.*—After the author had given ergot to expel a polypus which appeared at the os uteri, with no other effect than pain and a closure of the mouth of the womb on its contents, he gave an injection per vaginum of the infusion of belladonna, so as to bathe the os in that fluid pretty thoroughly. After this, with the continued use of the secale, he had the satisfaction of seeing on the second day the polypus completely expelled from the uterine cavity. Dr. Beck has also seen the same result follow from these means in one case.—*Schmidt's Jahrbucher.*

*A Novel Expedient.*—Towards the close of this year, 1757, the Lying-in Hospital being then nearly finished, the wards on the upper corridor were furnished and prepared for use, and on the 8th December the institution was formally opened for the reception of patients. The Lord Lieutenant and a number of the nobility and gentry were entertained at breakfast in the hospital, after which "fifty poor women" we are told, "great with child, attended in the hall with proper certificates of admission, and were all decently clothed in uniform at the expense of the hospital, each in a blue calimanco gown and petticoat, shift, handkerchief, cap, and apron; and thus they appeared before his Grace the Duke of Bedford, as President of the Hospital, the Duchess, and the rest of the governors and guardians, with many of the nobility and gentry, who all expressed the highest satisfaction." Just picture to yourselves a large assemblage of ladies and gentlemen, from among the highest circles of nobility and gentry, being entertained with the spectacle of "fifty poor women great with child!" And yet such was the scene enacted within these four walls 100 years ago,

and at which all present expressed the "highest satisfaction." I suppose the history of the world does not supply another instance of such an exhibition to an aristocratic company. An idea so purely novel and unprecedented could only have emanated from the original mind of Mosse; and no other man could possibly have carried it into effect without offending good taste, and making a headlong descent from the sublime to the ridiculous."—*Dr. M'Clintock's Introductory Lecture.*

*Blind Animals.*—At the late meeting in the Zoological Section of the British Association, Mr. Perceval Wright, Director of the Trinity College Museum, read a paper on blind animals found in caves. It was pretty generally known to those present that various living animals had been discovered inhabiting the deep recesses of caves. About a century ago, the Proteus anguinus was found in the caves of Carniola; and since that time various insects, and crustacea, and even fishes had been discovered both in Europe and America. All these animals were found very far in the interior of the caves. In those of Carniola none were found within two miles from the mouth, and hence they never saw light; and as under these circumstances eyes would be quite useless to them, they are not provided with any, so that they are quite blind. Though blind, they never appear to stray into this upper world, but, impelled by some controlling sense, they keep in their native darkness, each cave having its own peculiar species, which never obtrudes itself upon its neighbors. This was a deeply interesting fact in relation to the theory of single centres of creation; as here they had a species, its centres of creation and the extent of its wanderings, all within the limits of one small district, resembling those plants and animals which inhabit some of the small islands in the Pacific and other oceans, and which are found nowhere in the world besides. The caves of Carniola were visited by Schiodte in 1851, and he gave subsequently a very interesting account of his researches. The animals which he found in these and other caves had helped to swell the already large list of blind animals. No blind animals have been found in England; but Mr. Wright and Mr. Halliday have found them in the caves of Michelstown, Ireland.—*Edinburgh Journal.*

*Geoffroy Saint Hilaire.*—A statue of this great Naturalist has been recently erected at Etampes, his native place, about forty miles south from Paris. Three distinguished *savants*, Dumeril, Serres, and Milne Edwards, attended the inauguration, and delivered short addresses, commemorating the talents and labors of Saint Hilaire. In 1793, at the early age of twenty-one, he was appointed Professor of Zoology by the recommendation of Hauy and Daubenton. When his nomination was announced to him by the latter, he replied, "How am I to teach a science that does not exist?" "True," said Daubenton, "it does not exist; it must be created; let the bold task be yours, and yours the glory of enabling us to say, twenty years hence, that France has created Zoology." He devoted himself to the work with enthusiasm, and the product of his labors appeared in a long succession of Memoirs which were afterwards embodied in his voluminous *Histoirie*

*Natural des Mammiferes.* He labored zealously to enrich the Museum, or Cabinet of Natural History, and to enlarge the menagerie. He was one of the *savants* selected to go with Bonaparte to Egypt, where he employed himself with great diligence in collecting specimens of the higher animal tribes from the delta of the Nile to the cataracts, and along the shores of the Red Sea. When Egypt was conquered by the British, his collections and those of other *savants* were claimed by a commissary as part of the victors' spoils. "*We will burn them sooner than suffer them to be taken from us* (said Geoffroy,) *and write on your forehead the brand of Omar, whose name glares on posterity through the flames of the Alexandrian Library.*" The claim thus roughly repelled was not persisted in, and the treasures gathered in Egypt formed the base of great scientific collections now seen in Paris. Geoffroy continued his labors on his return to France, and fully realized the anticipations of Daubenton; but we must give the result in the words of M. Serres, so characteristic of the taste of our vivacious neighbors. "Geoffroy l'entreprit (the task of creating the science) et les vingt années, n'étaient pas écoulées, que l'Europe savante *inscrivait la Zoologie au rang des litres glorieux de notre nation, dèja si plein de gloire.*"—*Ibid.*

*Gymnastic Prizes at the Salpetriere.*—An interesting ceremony took place at the Salpetriere, consisting in the distribution of prizes to the children in the gymnasium of the hospital. Gymnastic exercises are now under the able care of M. Laisne, carried on in that hospice, as well as at the Enfante Malades and the St. Eugenie, for the relief of diseases of the nervous system, and especially chorea. M. Blache states that, of 108 cases of children so treated, the cure was obtained in 102. The children exhibited their exercises both with and without gymnastic implements; and they all take great delight in the performance what to most of them becomes a valuable means of treatment. Those in the establishment who have been thus cured are retained to superintend the application of the means to the recently admitted patients.

*Chemical Accident.*—A rather serious accident took place recently in one of the lecture rooms in the Pesth University. A compound formed of cyanide of mercury and hydrochloric acid exploded, wounding Professor Wertheim and his assistant in the eyes. The pupils, seized with a panic, rushed to the door, and some jumped out of the window. In leaping out they broke a vessel placed beneath the window containing the hydrochloric acid, and several were injured by the fluid.

*Mortality among Russian Army Surgeons.*—The Gazette Medicalé Russe informs us that Russia lost in the late war 382 Army Surgeons. We are not aware of the exact number of surgeons employed by the Russians during the war; but in the French service, of 550 surgeons, 83 (or 1 in $6\frac{7}{10}$) died in consequence of disease contracted in the Crimea.—*Gazette des Hospitaux, Nov. 5th,* 1857.

*Therapeutic Action of Chlorate of Potash, with a New Mode of Administering it.*—Dr. Dethan considers that chlorate of potash is a powerful silagogue, and that its elective action on the bucco-pharyngeal mucous membrane is well marked. To this physiological action is added a very remarkable and valuable success in pathology; its rapid and incontestable effects in mercurial salivation, by checking the formidable mercurial affection, have permitted practitioners to continue the mercury without fear, and thus to contend without remission against the constitutional infection. As an especial and incontestable remedy in ulcero-membranous stomatitis, this medicine need not, according to the physicians of the Hospital Saint-Eugenie, be swallowed; its topical application is sufficient, and in a short time the mucous membrane recovers its normal qualities and functions. Dr. Dethan concludes that the chlorate of potash, administered under a special form, which would permit the local action to be exercised slowly and certainly, although leaving the medicine to be carried into the stomach in a state of solution with the mixed liquids of the salivary, buccal, and pharyngeal glands, would be the mode of administration which would combine all indications and all opinions. He therefore suggests the use of the remedy in the form of pastiles, so that the patient may have at hand a remedy against the injurious effects of a mercurial treatment which he may be undergoing. The experiments of Dr. Ricord, and the publications of M. A. Fournier, testify incontestably in favor of this successful simultaneous medication. In certain forms of angina attended with fibrinous exudations, it prevents the intimate adherence of the false membranes to the mucous membrane, and facilitates their expulsion, and assists the action of emetics. In this affection the topical action of the chlorate, favored by the bruising between the teeth, the natural solution in the liquids of the mouth, and its penetration into all the points interested, will be certainly efficacious. In debilitating diseases, such as diphtheritis, and gangrene of the mouth, the child will find an agreeable and reparative kind of food, together with the most appropriate remedy hitherto discovered, against these dieases.—*B. and F. Med.-Chirurg. Rev.* Jan. 1858, from *L'Union Méd.*, June 4, 1851.

*Movable Kidneys.*—"The knowledge" says Prof. Oppolzer (*Wien Wochenschrift*, No. 43, 1856, and *Med. Times and Gaz.*, No. 362,) "of the possibility of the existence of this affection is of importance to the practitioner, as, when unaware of it, he may suppose the appearances observed to result from various other causes, and submit the patient to an injurious course of treatment, or it may give rise to unnecessary alarm upon his part. The abnormal movability usually affects but one kidney, and especially the right one; but the author has met with cases in which it was observable in both, and that in a remarkable degree. In all the cases he had the opportunity of examining, the patients dying of some other disease, the kidneys were found healthy; but in these cases there has been observable a deficiency in the cushion of fat, or an extension of the renal vessels. In some cases, the practitioner's attention has been drawn to the abnormality

by the patient observing a tumor on one or both sides of the abdomen, which only became perceptible while standing, or lying on one or the other side, disappearing again during the horizontal posture. Generally speaking, however, it is first discovered by careful exploration, when, beneath the relaxed, painless, and not very thick abdominal parietes, a largeish, rounded tumor is perceived, deep under the liver or stomach. The inner concave side can only be felt in very thin persons, and the upper end is only accessible in some. The tumor can be easily pushed upwards, and then may suddenly disappear; but it cannot be pressed against the spinal column, or downwards below the *crista ilii*, without great pain being produced. To very firm pressure, made in any direction, the tumor is sensible; and the patient spontaneously complains of a sense of pressure and dragging, especially when standing, performing active movements, during defecation, &c. In the cases seen by the author, the condition has been normal."

The affection is usually congenital, as is shown by the lengthened condition of the vessels. Rapid emaciation occurring in persons formerly fat, concussion of the body, as in rough travelling, constipation, &c., may probably contribute to its production. In fat persons the diagnosis may be impossible, but it is not difficult in those who are thin, as the form of the swelling can be traced, while the tumor can be pushed into the lumbar region, and there felt. The pain which it not unfrequently gives rise to, cannot be mistaken for neuralgia, colic, or rheumatism, if the practitioner will only make an exact exploration; while the tumor, resulting from a collection of feces, assumes another form, and does not appear in, or disappear from, the lumbar region, in consequence of pressure. It may also be distinguished from a movable spleen, as the latter lies in front of the intestines, under the parietes, and gives rise to dullness on percussion. It can only be confounded with cancerous and tubercular masses, when these are movable, and resemble the kidney in form. Treatment of this affection by bandages and the like, is of no avail; and the removal of it, when present, must be chiefly sought from the horizontal posture. Confinement of the bowels, and the consequent straining, must be avoided. It is, however, of great importance to tranquillize the mind of the patient as to the nature of the affection, and to prevent injurious measures being adopted: and hence the value of a correct diagnosis.

Mr. Adams was requested many years ago to examine the body of an old lady who was said to have "slipped her kidney." The right organ could be readily felt beneath the integuments in the lumbar region, and above the crest of the ilium. The only peculiarity revealed by a *post-mortem* examination was that the right kidney appeared to be bound down more loosely than usual. The patient, from having been very corpulent, had been much reduced in size. The condition of the kidney had nothing to do with the cause of death.

Dr. W. F. Wade states (*Midland Quart. Journ. Med. Sci.*, Jan., 1858,) that he has had under his care, during the past year, a female patient, whose right kidney is the subject of this curious abnormality. The symptoms and history of the case entirely confirm Professor Oppolzer's remarks.—*American Journal.*

*Books and Pamphlets received.*

Outlines of a Course of Lectures on the Principle and Practice of Surgery, delivered by E. Geddings, M.D., Professor of Surgery in the Medical College of the State of South Carolina. Prepared by Thos. S. Waring, M.D., and Samuel Logan, M.D. Charleston: S. G. Courtenay & Co., 1858, pp. 560, 8vo.

The Institutes of Medicine, by Martyn Paine, A.M., M.D., LL.D., &c., &c. New York, 1858. From the Author.

Graham's Elements of Inorganic Chemistry. Philadelphia, 1858.

A Report on Diseases of the Cervix Uteri. By Joseph A. Eve, M.D., &c. Augusta, Ga., 1858.

Lectures on Sulphate of Quinia. By A. B. Palmer, A.M., M.D. Detroit, Mich., 1858.

Pestilential Diseases, and the Laws which govern their propagation. A letter from Elisha Harris, M.D., in reply to inquiries addressed by the Quarantine Commissioners. Albany, 1858.

Silver Sutures in Surgery. The Anniversary Discourse before the New York Academy of Medicine. By J. Marion Sims, M.D. New York, 1858.

An Essay on Prolapse of the Funis, with a new method of Treatment. By T. Gaillard Thomas, M.D., read before the N. Y. Academy of Medicine. New York, 1858.

Transactions of the Medical Association of Southern Central New York. Binghamton, 1857.

Fifth Annual Report of the Surgeons of the N. Y. Ophthalmic Hospital. New York, 1858.

Twenty-fifth Annual Report of the State Lunatic Hospital at Worcester. Boston, 1857.

Albuminuria, Independent of Organic Disease of the Kidneys. Read before the Medical Society of the County of Erie at its Annual Session, Jan. 12, 1858, by James M. Newman, M.D.

Thirteenth Annual Report of the Managers of the New York State Lunatic Asylum. Albany, 1858.

Researches on Primary Pathology, &c., Vol. II., by M. L. Knapp, M.D., &c., &c. Philadelphia, 1858.

The New American Cyclopædia, a popular Dictionary of General Knowledge, Vol. II. New York and London, 1858.

— Among the new publications announced as in press or already issued in Paris since the first of January, we note the following: Bouchard on Homœopathy; Broca on Electric Cauterization, or Galvano-Caustic; Chassaignac's Lectures on the Treatment of Hemorrhoidal Tumors by linear ecrasement; Debrout on the treatment of Vesico-Vaginal Fistulas by bloodless operations; Giraud-Teulon on the principles of Animal Mechanics, or a study of locomotion in man and the vertebrated animals; Labelonye on Digitalis and the best method of using it; Maurice, note on a hydatic mole observed by the author; Orfila's Lectures on Toxicology; Perrussel's simple answer of a friend of homœopathy to an enemy of progress and truth in medicine.